### IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

CHARLES HICKS (AIS# 246241),

Plaintiff,

٧.

CIVIL ACTION NO. 2:07-CV-668-WHA

PRISON HEALTH SERVICES, et al.

Defendants.

### SPECIAL REPORT OF DEFENDANTS, PRISON HEALTH SERVICES, INC. AND DR. PAUL CORBIER

COME NOW the Defendants, Prison Health Services, Inc. and Dr. Paul Corbier (collectively "PHS"), by and through counsel, and in response to the Plaintiff's Complaint and this Court's Order, presents the following Special Report with regard to this matter.

#### I. INTRODUCTION

The Plaintiff, Charles Hicks (AIS # 246241) is a familiar Plaintiff in the federal court system in the Middle District of Alabama. The current pleading before this Court, filed by Mr. Hicks on or about July 26, 2007, is Hicks' fifth Complaint arising out of virtually the exact same claim involving the exact same medical issue that has been filed in the last 18 months. Copies of the additional Complaints are attached hereto as Exhibit "A".

On July 26, 2007, Hicks filed his fifth Complaint against Prison Health Services and Dr. Paul Corbier arising out of medical treatment provided at Staton Correctional Facility in Elmore County, Alabama. Hicks sued PHS, the company that, at the time, contracted with the Alabama Department of Corrections to provide healthcare to inmates in the State of Alabama, claiming improper medical treatment concerning a "leg [Plaintiff's Complaint, ¶ V]. Hicks seeks \$2 million in damages and "his issue." freedom" based on the filing of this Complaint.

As directed by this Court, PHS has undertaken a review of Hicks' claims to determine the facts and circumstances surrounding his Complaint and the medical treatment provided thereto. As a result, PHS submits this Special Report, which is supported by a certified copy of Hicks' medical records from June 2007 through October 2007 [Exhibit "B"], the Affidavit of Darry Ellis, Director of Nursing [Exhibit "C"], and the Affidavit of Dr. Paul Corbier [Exhibit "D"]. These evidentiary materials demonstrate that Hicks has been provided appropriate medical care for his complaints and the allegations of his Complaint are without merit.

#### II. NARRATIVE SUMMARY OF FACTS

During the time outlined in his Complaint, Hicks was incarcerated at Staton Correctional Facility in Elmore, Alabama, but, as of July 26, 2007, Hicks apparently had been transferred to Alexander City Community Base in Alexander City. During the time period covered by Mr. Hicks' Complaint, he was evaluated and seen by Staton Correctional's medical and nursing staff and received appropriate care each time he registered health complaints at the facility.

Specifically, Hicks claims that he is "in danger of losing my left leg that has a lot of fluid in it because they would not provided [sic] me with the proper medical treatment." [Plaintiff's Complaint, ¶ V]. Hicks also claims that his Constitutional rights have been violated because of PHS's failure to send him to an outside hospital to get help for his leg. [Id.]. Hicks' allegations are, yet again, untrue and he has been afforded appropriate care for this condition at all times. In his Complaint, Hicks claims to have received inappropriate medical treatment on or about July 12, 2007. However, Hicks did not receive any treatment from any PHS physician, nurse, or nurse practitioner on that date. A review of Hicks' medical records, however, shows a past medical history of diabetes with significant swelling in his left leg with venous insufficiency. [Exhibit "D" -- Affidavit of Dr. Corbier]. His diabetes is a hereditary condition and his circulatory problems are complicated by problems with his feet. [Id.]. His condition can be treated by controlling his diabetes and swelling in his left leg, but there is no cure for this condition. [Id.].

In December 2006, Hicks was seen and evaluated by a board-certified surgeon, Dr. Brian White, for complaints of left leg swelling and pain. [Id.]. Test results revealed that Hicks did not have a Deep Vein Thrombosis (DVT) or Claudication (limping) at that time. [Id.]. White's impression was venous and arterial insufficiency and he recommended a lower extremity venous Doppler test be performed. An ultrasound was ultimately performed on January 2, 2007, and it revealed no evidence of DVT in either lower extremity venous system. [Id.].

Dr. White again saw Hicks on January 23, 2007, for continued complaints of pain in his left leg. These complaints in the left leg had been verbalized by Hicks since 1988 and Hicks verbalized to his physicians that his mother had the same problem. [Id.]. Doctors discussed the results of the ultrasound that were negative for a DVT. White diagnosed Hicks with Lymphedema, which is swelling as a result of an obstruction of lymphatic vessels or lymph nodes and the accumulation of large amounts of lymph in

the affected region. Dr. White recommended support hose and compression therapy and advised Hicks that this condition was his for life. [Id.].

Dr. Paul Corbier saw Hicks on June 1, 2007, for left leg pain and chronic swelling. [Id.]. On exam, Hicks had marked edema in his left leg and Corbier's assessment was (1) chronic venous insufficiency, (2) Type II diabetes, (3) Hyperlipidemia, (4) renal insufficiency, and (5) gross obesity. [Id.]. Corbier placed Hicks on a low fat, low cholesterol, low carb diet and monitored his renal function and considered an arterial Doppler test.

On June 7, 2007, Corbier ordered a bilateral venous Doppler ultrasound. The findings of the tests revealed that there was no flow detected in the left lower extremity arterial tree. There was a suspected occlusion in the right popliteal artery, an arterial tree of the right calf. [Id.]. As a result, Dr. Corbier continued to treat Mr. Hicks.

Corbier again treated Hicks on June 19, 2007, and discussed the result of the ultrasound. Corbier advised Hicks that the impression was a total occlusion (no flow) in his left lower extremity. There was also a suspected occlusion in his right popliteal artery and in the arterial tree of the right calf. Corbier's assessment, which was explained to Hicks at the time, was severe bilateral peripheral vascular disease. Peripheral vascular disease refers to the diseases of the blood vessels (arteries and veins) located outside the heart and brain. Corbier considered an angiogram and the possibility of sending Hicks to a vascular surgeon. Appropriate tests were ordered at that time and Corbier counseled Hicks and answered his questions regarding his condition. [Id.].

On June 28, 2007, a Persantine Stress Test was performed and was negative for pharmacologically induced ischemia. [Id.]. A dual isotope nuclear scan performed on the same day noted a fixed defect involving the basal and mid-inferior wall particularly, which would suggest a scar from a previous heart attack. The test results, however, did not identify any reversible defect to suggest ischemia. There was no evidence of coronary artery disease, for which treatment or intervention would be needed. [Id.].

Yet another test was ordered by Dr. Corbier for Mr. Hicks on June 28, 2007. A CT angiogram of the abdomen and pelvis revealed patent arterial circulation to the lower extremities bilaterally from the aorta to the trifurcation arteries with at least two vessel run-offs to the ankles bilaterally. Once again, there was no evidence of significant peripheral vascular disease and no evidence of blockage or poor circulation needing intervention beyond his current treatment. [Id.].

Hicks returned with additional complaints of pain in his lower leg on July 3, 2007 (note that this did not occur on July 12th, as referenced by the plaintiff). Dr. Corbier discussed the above mentioned tests that were essentially normal and would not require outside intervention. Corbier advised Hicks that he may still need cardiac work-up because of his cardiovascular risk, however, Corbier also informed him that a more extensive work-up may not be needed in light of the CT angiogram. Once again, Dr. Corbier reminded Hicks he needed a lifestyle modification. [Id.].

On July 24th, Hicks received treatment from Staton's nurse practitioner. At that time, Hicks insisted on further work-ups for his persistent, bilateral, lower extremity edema. The assessment on July 24th was (1) severe bilateral peripheral vascular disease, (2) chronic venous insufficiency, (3) Type II diabetes, (4) Dyslipidemia

(disruption in the amount of lipids in the blood), and (5) hypertension. PHS modified his medications at that time. [Id.].

Again, Hicks was seen by a nurse practitioner on August 3rd for swelling in the lower extremities. His history was recounted and exam revealed a general edema to his lower extremities. He was advised to continue his current medical treatment and was prescribed and advised to wear thigh-high Ted stockings and was also prescribed Lasix.

On August 4th, Hicks received additional treatment. Again, he was advised to wear his Ted stockings at all times and was educated on deep vein thrombosis and the need for stockings and elevating his legs. [Id.]. Hicks received additional treatment on August 7, 2007. Swelling/edema was noted to his bilateral lower extremity. He was reassured this problem was due to chronic venous insufficiency. [Id.]. He was advised to continue his current medicine and educated on medical compliance. [Id.].

Hicks' medical condition is a chronic condition. However, peripheral vascular disease can be treated with lifestyle modifications and/or changes which include controlling blood pressure, diabetes, exercise, low fat - low cholesterol diet, and medication. His leg swelling and pain is mostly due to venous insufficiencies for which he is receiving appropriate care but for which there is no cure.

At all times, PHS provided Hicks with appropriate medical treatment and never exhibited deliberate indifference to any serious medical need of Mr. Hicks. At all times, Hicks' medical complaints and conditions were addressed as promptly as possible under the circumstances of his condition.

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#### III. DEFENSES

The Defendants assert the following defenses to the Plaintiff's claims:

- 1. The Defendants deny each and every material allegation contained in the Plaintiff's Complaint and demand strict proof thereof.
  - 2. The Defendants plead not guilty to the charges in the Plaintiff's Complaint.
- 3. The Plaintiff's Complaint fails to state a claim against the Defendants for which relief can be granted.
- 4. The Defendants affirmatively deny any and all alleged claims by the Plaintiff.
  - 5. The Plaintiff is not entitled to any relief requested in the Complaint.
- 6. The Defendants plead the defense of qualified immunity and avers that the actions taken by the Defendants were reasonable and in good faith with reference to clearly established law at the time of the incidents complained of by the Plaintiff.
- 7. The Defendants are entitled to qualified immunity and it is clear from the face of the Complaint that the Plaintiff has not alleged specific facts indicating that the Defendants have violated any clearly established constitutional right.
- 8. The Defendants cannot be held liable on the basis of respondeat superior. agency, or vicarious liability theories.
  - 9. The Plaintiff is not entitled to any relief under 42 U.S.C. § 1983.
- 10. The allegations contained in the Plaintiff's Complaint against the Dr. Corbier sued in its individual capacity, fails to comply with the heightened specificity requirement of Rule 8 in § 1983 cases against persons sued in their individual

capacities. See Oladeinde v. City of Birmingham, 963 F.2d 1481, 1485 (11th Cir. 1992); Arnold v. Board of Educ. Of Escambia County, 880 F.2d 305, 309 (11th Cir. 1989).

- 11. The Defendants plead all applicable immunities, including, but not limited to qualified, absolute, discretionary function immunity, and state agent immunity.
- 12. The Defendants aver that it was at all times acting under color of state law and, therefore, they are entitled to substantive immunity under the law of the State of Alabama.
  - 13. The Defendants plead the general issue.
- 14. This Court lacks subject matter jurisdiction due to the fact that even if the Plaintiff's allegations should be proven, the allegations against the Defendant would amount to mere negligence which is not recognized as a deprivation of the Plaintiff's constitutional rights. See Rogers v. Evans, 792 F.2d 1052 (11th Cir. 1986).
- 15. The Plaintiff's claims against the individual Defendant, in his official capacity are barred by the Eleventh Amendment to the United States Constitution.
- 16. Alabama law provides tort and other remedies for the allegations made by the Plaintiff herein and such remedies are constitutionally adequate.
- 17. The Defendants plead the defense that at all times in treating Plaintiff it exercised the same degree of care, skill, and diligence as other physicians and nursing staff would have exercised under similar circumstances and that at no time did they act toward the Plaintiff with deliberate indifference to a serious medical need.
- 18. The Defendants plead the affirmative defense that the Plaintiff's Complaint fails to contain a detailed specification and factual description of the acts and omissions

alleged to render them liable to the Plaintiff as required by § 6-5-551 of the Ala. Code (1993).

- 19. The Defendants plead the affirmative defenses of contributory negligence and assumption of the risk.
- 20. The Defendants plead the affirmative defense that Plaintiff's damages, if any, were the result of an independent, efficient, and/or intervening cause.
- 21. The Defendants plead the affirmative defense that it is not responsible for the policies and procedures of the Alabama Department of Corrections.
- 22. The Defendants plead the affirmative defense that the Plaintiff has failed to mitigate his own damages.
- 23. The Defendants plead the affirmative defense that it is not guilty of any conduct which would justify the imposition of punitive damages against him and that any such award would violate the United States Constitution.
- 24. The Defendants adopt and assert all defenses set forth in the Alabama Medical Liability Act § 6-5-481, et seq., and § 6-5-542, et seq.
- 25. The Plaintiff has failed to comply with 28 U.S.C. § 1915 with respect to the requirements and limitations inmates must follow in filing in forma pauperis actions in federal court.
- 26. Pursuant to 28 U.S.C. § 1915 A, this Court is requested to screen and dismiss this case, as soon as possible, either before or after docketing, as this case is frivolous or malicious, fails to state a claim upon which relief may be granted, or seeks money damages from the individual Defendant who is a state officer entitled to immunity as provided for in 42 U.S.C. § 1997 (e)(c).

- 27. The Defendants assert that the Plaintiff's Complaint is frivolous and filed in bad faith solely for the purpose of harassment and intimidation and requests this Court pursuant to 42 U.S.C. § 1988 to award Defendant reasonable attorney's fees and costs incurred in the defense of this case.
- 28. The Plaintiff's claims are moot because the events which underlie the controversy have been resolved. See Marie v. Nickels, 70 F., Supp. 2d 1252 (D. Kan. 1999).

#### IV. ARGUMENT

A. <u>The Plaintiff has failed to prove that the Defendants acted with deliberate indifference to any serious medical need.</u>

A court may dismiss a complaint for failure to state a claim if it is clear that no relief could be granted under any set of facts that could be proven consistent with the allegations in the complaint. Romero v. City of Clanton, 220 F. Supp. 2d 1313, 1315 (M.D. Ala., 2002), (citing, Hishon v. King & Spalding, 467 U.S. 69, 73, (1984). "Procedures exist, including Federal Rule of Civil Procedure 7(a), or Rule 12(e), whereby the trial court may "protect the substance of qualified immunity," Shows v. Morgan, 40 F. Supp. 2d 1345, 1358 (M.D. Ala., 1999). A careful review of Hicks' medical records reveals that he has been given appropriate medical treatment at all times. [See Exhibit "B"].

The Plaintiff's Complaint fails to state a claim against the Defendants with the detail and specificity required by the Alabama Medical Liability Act, ALA. CODE § 6-5-551, which provides as follows:

In any action for injury, damages, or wrongful death, whether in contract or tort, against a health care provider for breach of the

standard of care, whether resulting from acts or omissions in providing health care, or the hiring, training, supervision, retention or termination of care givers, the Alabama Medical Liability Act shall govern the parameters of discovery and all aspects of the action. The plaintiff shall include in the complaint filed in the action a detailed specification and factual description of each act and omission alleged by plaintiff to render the health care provider liable to plaintiff and shall include when feasible and ascertainable the date, time, and place of the act or acts. The plaintiff shall amend his complaint timely upon ascertainment of new or different acts or omissions upon which his claim is based; provided, however, that any such amendment must be made at least 90 days before trial. Any complaint which fails to include such detailed specification and factual description of each act and omission shall be subject to dismissal for failure to state a claim upon which relief may be granted. Any party shall be prohibited from conducting discovery with regard to any other act or omission or from introducing at trial evidence of any other act or omission. (emphasis added).

ALA. CODE § 6-5-551.

The Plaintiff's Complaint fails to state a claim against the Defendants because it fails to include a "detailed specification and factual description" of each act and omission alleged by Plaintiff to render the Defendants liable to Plaintiff; in particular, said Complaint fails to include the required statement of "the date, time, and place of the act or acts" of alleged malpractice, as required by the Act. See ALA. Code § 6-5-551 (emphasis added).

In order to state a cognizable claim under the Eighth Amendment, Hicks must allege acts or omissions sufficiently harmful to evidence deliberate indifference to serious medical needs. See Estelle v. Gamble, 429 U.S. 97, 106 (U.S. 1976); McElligott v. Foley, 182 F.3d 1248, 1254 (11th Cir. 1999); Palermo v. Corr. Med. Servs., 148 F. Supp. 2d 1340, 1342 (S.D. Fla. 2001). In order to prevail, Hicks must allege and prove that he suffered from a serious medical need, that the Defendants were

deliberately indifferent to his needs, and that he suffered harm due to deliberate indifference. See Marsh v. Butler County, 268 F.3d 1014, 1058 (11th Cir. 2001) and Palermo, 148 F. Supp. 2d at 1342. "Neither inadvertent failure to provide adequate medical care nor a physician's negligence in diagnosing or treating a medical condition states a valid claim of medical mistreatment under the Eighth Amendment." (citations omitted). [ld.].

Not every claim by a prisoner that medical treatment has been inadequate states an Eighth Amendment violation. Alleged negligent conduct with regard to inmates' serious medical conditions does not rise to the level of a constitutional violation. Alleged medical malpractice does not become a constitutional violation merely because the alleged victim is a prisoner. See Estelle, 429 U.S. at 106, McElligott, 182 F.3d at 1254, Hill, 40 F.3d 1176, 1186 (11<sup>th</sup> Cir. 1994), Palermo, 148 F. Supp. 2d at 1342. Further, a mere difference of opinion between an inmate and the physician as to treatment and diagnosis cannot give rise to a cause of action under the Eighth Amendment. Estelle, 429 U.S. at 106-108.

The Defendants may only be liable if they had knowledge of Hicks' medical condition, Hill, 40 F. 3d at 1191, and acted intentionally or recklessly to deny or delay access to his care, or to interfere with treatment once prescribed. Estelle, 429 U.S. at 104-105. Obviously, Hicks cannot carry his burden. The evidence submitted with this Special Report clearly shows that the Defendants did not act intentionally or recklessly to deny or delay medical care, or to interfere with any treatment which was prescribed or directed. The evidence demonstrates, to the contrary, that PHS employees applied the appropriate standard of care to the treatment of Mr. Hicks [Exhibit "A"].

The Defendants are, also, entitled to qualified immunity from all claims asserted by Hicks in this action. There is no argument that the Defendants were not acting within the scope of their discretionary authority. See Eubanks v. Gerwen, 40 F. 3d 1157, 1160 (11<sup>th</sup> Cir. 1994); see also Jordan v. Doe, 38 F. 3d 1559, 1566 (11<sup>th</sup> Cir. 1994). Because the Defendants have demonstrated that they were acting within the scope of their discretionary authority, the burden shifts to Hicks to show that the Defendants violated clearly established law based upon objective standards. Eubanks, 40 F. 3d at 1160. The Eleventh Circuit requires that before the Defendants' actions can be said to have violated clearly established constitutional rights, Hicks must show that the right allegedly violated was clearly established in a fact-specific, particularized sense. Edwards v. Gilbert, 867 F.2d 1271, 1273 (11<sup>th</sup> Cir. 1989), aff'd in pertinent part, rev'd in part on other grounds, sub nom., Edwards v. Okaloosa County, 5 F. 3d 1431 (11<sup>th</sup> Cir. 1989).

The Eleventh Circuit further requires that the inquiry be fact specific, and that officials will be immune from suit if the law with respect to their actions was unclear at the time the cause of action arose, or if a reasonable person could have believed that their actions were lawful in light of clearly established law and information possessed by the individual. See Brescher v. Von Stein, 904 F.2d 572, 579 (11th Cir. 1990) (quoting, Anderson v. Creighton, 483 U.S. 635, 640, (U. S. 1987)). The question that must be asked is whether the state of the law in 2006 gave the Defendant fair warning that its alleged treatment of Hicks was unconstitutional. Hope v. Pelzer, 536 U.S. 730, 741 (U.S. 2002).

Therefore, to defeat summary judgment, Hicks must be able to point to cases with "materially similar" facts, within the Eleventh Circuit, that would alert the

Defendants to the fact that its practice or policy violates his constitutional rights. See Hansen v. Soldenwagner, 19 F.3d 573, 576 (11th Cir. 1994). In order for qualified immunity to be defeated, preexisting law must "dictate, that is truly compel (not just suggest or allow or raise a question about), the conclusion for every like-situated, reasonable government agent that what the defendant is doing violates federal law in the circumstances." Lassiter v. Alabama A & M Univ., Bd. of Trustees, 28 F. 3d 1146, 1151 (11th Cir. 1994). The Defendants submit that there is no case law from the United States Supreme Court, the Eleventh Circuit Court of Appeals, or District Courts sitting within the Eleventh Circuit showing that, under the facts of this case, it was clearly established that these alleged actions violated Hicks' constitutional rights. All of Hicks' medical needs have been addressed or treated. [See Exhibits "B"]. The Defendants have provided Hicks with appropriate medical care at all times and he has received appropriate nursing care as indicated for treatment of his condition.

#### V. CONCLUSION

The Plaintiff's Complaint is due to be dismissed on its face, and is, further, disproven by the evidence now before the Court. All of the Plaintiff's requests for relief are without merit. The Defendants have demonstrated both through substantial evidence and appropriate precedent that there is not any genuine issue of material fact relating to a constitutional violation, and that they are, therefore, entitled to a judgment in their favor as a matter of law. The Plaintiff's submissions clearly fail to meet his required burden.

Accordingly, the Defendants request that this Special Report be treated and denominated as a Motion to Dismiss and/or a Motion for Summary Judgment and that

this Honorable Court either dismiss the Plaintiff's Complaint, with prejudice, or enter a judgment in their favor.

Respectfully submitted,

/s/ PAUL M. JAMES, JR. Alabama State Bar Number JAM017 Attorney for Defendants, Prison Health Services, Inc. and Dr. Paul Corbier

RUSHTON, STAKELY, JOHNSTON & GARRETT, P.A. P. O. Box 270 Montgomery, AL 36101-0270 Telephone: (334) 206-3148

Fax: (334) 262-6277 E-mail: pmj@rsjg.com

#### **CERTIFICATE OF SERVICE**

I hereby certify that a copy of the above and foregoing has been served by U.S. Mail this the 19th day of February, 2008, to:

Charles Hicks (AIS# 246241) Alexander City Community Base P. O. Drawer 160 Alexander City, AL 35011

The Clerk of Court, using the CM/ECF system will send notification of this filing to the following:

Alabama Department of Corrections Legal Division P. O. Box 301501 Montgomery, AL 36130

> /s/ PAUL M. JAMES, JR. (JAM017) Attorney for Defendants Prison Health Services, Inc. and Dr. Paul Corbier

# **EXHIBIT A**

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			Defendant(s) <u>NA</u>
		2.	Court (if federal court, name the district; if state court, name the county)

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Case 2:06-cv-00990-MEF-CSC Document 1 Filed 11/01/2006 Page 3 of 4 STATE BRIEFLY THE FACTS WHICH SUPPORT THIS GROUND. (State as best you can the time, place and manner and person involved.) Case 2:06-cv-00990-MEF-CSC 2 diabetic and has been incarconated since Apoil, 2000, Since that bone the Alt, Dept. of Cole, and Prisen Medical Services. How not provided ALL WITH ADEQUATE Medical Treatment. As of this Moment My Lett leg is sawther to the brusting stage I could wear & shoe in my feet at headly work. THIS Administration has done nothing to treat the illness Adquarkly, THIS Administration has not previded me with Addust Eye Cone, ADEQuate Diabetic Meals. I have Reprotedly Regusted ADE-Quale Medical Trestment. But my been Equipped By the Medical Service, that provide Medient Service to THE detendant's owe ME this and Adequate Medical Care. here baseched this duty. And the besoch has caused me haven. feel continueing Negligence of the mothers This has continued There Filed Numerous has been done. I have 1 chain of Command. But into to 3: is werston and I am in Constan Tere that I may have to have my Lett log AMOUTERED Cause of this centinued Next george.

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## IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ALABAMA

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7. Approximate date of disposition November 6th 2000  Place of present confinement Frank Lee Bouth Center  A. Is there a prisoner grievance procedure in this institution?  Yes ( ) No ( )  B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?  Yes ( ) No ( )  C. If your answer is YES:  1. What steps did you take? (1) Nothfield an Officer (2). Brought it to the Captains afternion (3) Spake with the Warden Commiss.  2. What was the result? The Warden set up an doctor appointment in which I did receive an ultra sound.		5.	
Place of present confinement  Frank Lee Touth Center  A. Is there a prisoner grievance procedure in this institution? Yes ( ) No ( )  B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes ( ) No ( )  C. If your answer is YES:  1. What steps did you take? ( ) Notified an Officer (a). Brought it to the Captains afternion (3) Spake with the Warden (Cummin).  2. What was the result? The Warden set up an doctor appointment in which I did receive an ultra saund.	٠,	6.	Approximate date of filing lawsuit October 19th 2006
A. Is there a prisoner grievance procedure in this institution?  Yes ( ) No ( )  B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?  Yes ( ) No ( )  C. If your answer is YES:  1. What steps did you take? ( ) Notified an Officer (a), Brought it to the Captains afternion (3). Spake with the Warden Cummin.  2. What was the result? The Warden set up an doctor appointment in which I did receive an ultra saud.		7.	Approximate date of disposition November 6th 2000
Pes ()  No ()  B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?  Yes ()  No ()  C. If your answer is YES:  1. What steps did you take? (1) Notified an Officer (2). Brought it to the Captains aftention (3) Spoke with the Warden (Cummin).  2. What was the result? The Warden set up an doctor appointment in which I did receive an ultra sound.	Place	of pres	ent confinement Frank Lee Youth Center
Yes () No ()  C. If your answer is YES:  1. What steps did you take? (1) Notified an Officer (2). Brought it to the Captains attention (3). Spoke with the Warden (Cummins).  2. What was the result? The Warden set up an doctor appointment in which I did receive an ultra sound.	A.		
1. What steps did you take? (1) Notified an Officer (2). Brought it to the Captains attention (3) Spoke with the Warden Coummins.  2. What was the result? The Warden set up an doctors appointment in which I did receive an ultra sound.	• -	163	
2. What was the result? The Warden set up an doctors appointment in which I did receive an ultra sound.	В.	Did y	ou present the facts relating to your complaint in the state prisoner grievance procedure?
		Did y Yes If you	ou present the facts relating to your complaint in the state prisoner grievance procedure?  No
		Did y Yes If you	ou present the facts relating to your complaint in the state prisoner grievance procedure?  No ()  It answer is YES:  What steps did you take? (1) Notified an Officer (2). Brought it to the Captains Offention (3) Spoke with the Warden (Cummin).  What was the result? The Warden set up an doctor appointment
	C.	Did y Yes  If you  1.	ou present the facts relating to your complaint in the state prisoner grievance procedure?  No ()  It answer is YES:  What steps did you take? (1) Notified an Officer (2). Brought it to the Captains aftention (3). Spoke with the Warden (Cummin).  What was the result? The Warden set up an doctor appointment in which I did receive an ultra sound.

•	Name of plaintiff(s) Charles Hicks
	Address FLYC P.O. Box 220410 Deatsville, Ala 36022
COI	em (B) below, place the full name of the defendant in the first blank, his official position in the blank, and his place of employment in the third blank. Use item (C) for the names, positions, places of employment of any additional defendants.
	Defendant Alahama Nept. of Carrection etc. Richard Allen
	is employed as <u>Commissioner</u>
	al Aldrama Dept. of Corrections in Montagnery, Alahama
	Additional Defendants Prison Medical and Health Services
	416 many Lindsay Park Drive Suite 515
	Frank Lin, Tennessee 37067
	Trons-rep Miles Diod?

#### ٧.

or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary,

am a diabetic and have been incorrented since April, 2006. Since that time the <u>Prison Medical Services has not provided me with adequate medical</u> <u>so badly that I cant wear an snee, I can hardly walk. This admin.</u> done nothing to that this illness adequately. I have constantly written medical repuests It all of my requests how been ignored to the Professiona medical

Case 2:06-cv-	01033-WKW-CSC	Document 1	Filed 11/17/2006	Page 4 of 4
here at Frank Lee 9	outh Center, that	suppose to p	xoulde medical t	acotment to
Ill prisagers. The defe	-	•		
their duty and caused		v		,
This has been an on				
doneunnes, but nothi	ng has been done.	. I have went	through the Cho	<u>in of command</u> t
cally act ignored. My a I may have to ha RELIEF	tondition has won	sten and I'm tated because	of this continue	n. I fear that d negligence.
State briefly exactly what or statutes.	you want the court to	do for you. Ma	ke no legal argumer	nts. Cite no cases
I want to sue when	Dept. of Correct	nons of Alabo	ma "Richard Al	ilen" for
neglect and cruel u	<u>nuasal punishmen</u>	t. I would	also like to re	ceive odequate
medical treatment,	•			
	. · J	-	' '	<u> </u>
"I declare under penalty of	of perjury that the for	regoing is true an	nd correct.	
Executed on Aloyembe	C 14th , 2006	,		
		Charles Hick	5 # 246241	010-52
		FLYC dorn	3 bcd 12	•
		P.O. box 2	20410	
		Deats ville,	Ala 36022	,
	Chan	les Hick	D	
		Signature(s)	· · · · · · · · · · · · · · · · · ·	

Case 2:07-cv-00142-MHT-CSC Document 1 Filed 02/16/2007 Page 1 of 5

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA

#### RECEIVED

	Charles Hicks			A 4:40		
	Full name and of plaintiff(s	prison numbe:				
	or braincities	1	DEBRAP. HA	CKET FOLL	O . DO 1 A	0
	v.		MIDDLE DIS	RIVILLACTIO	N NO. 2:07CV14	4 - MHA
	ALA Dept. Of	Compection	15 0/ 1/	(To be supp	ried by Crerk of	<del></del>
			3	U.S. Distr	ict court)	
	Commissioner	·····				
	Warden John	, Cummina	<u>35</u> )			$\neg$
	Captain Hero			•	RECEIVED	<b>'</b> \
Γĺ	ne Prison Healt	H Senvices (S	Jeankli )		FEB 2 0 2007	
	Name of person	(s) who viola	ated )		I FED -	_ 1
	your constitut	ional rights.		-	LEGAL DEP	T
	(List the name	s of all the	)		LEGAL	4
	persons.)		}			

- I. PREVIOUS LAWSUITS
  - A. Have you begun other lawsuits in state or federal court dealing with the same or similar facts involved in this action? YES (1/2) NO (1/2)
  - B. Have you begun other lawsuits in state or federal court relating to your imprisonment? YES ( // ) NO ( )
  - C. If your answer to A or B is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)
    - 1. Parties to this previous lawsuit:

      Plaintiff(s) CharLes Hicks \$246241

med the Prison Health Services Franklin, Tenn.

2. Court (if federal court, name the district; if state court, name the county) Middle District court

ALAhama, Montgomeny, County.

Case 2:07-cv-00142-MHT-CSC Document 1 Filed 02/16/2007 Page 2 of 5

•	3.	Docket number 2.16-CV-990-MEF
	4.	Name of judge to whom case was assigned Judge Charles (00dy, Jr.
	5.	Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)
		Still Pending At Present time
	6.	Approximate date of filing lawsuit Det of 2006.
	7.	Approximate date of disposition
II.	$\sim$	220410, Deats ville, AL 36022,
		INSTITUTION WHERE INCIDENT OCCURRED FRANK Lee
		stex, P. 1 Box 220410, Deatsville, AL 36022.
III.	CONSTITUT	ADDRESS OF INDIVIDUAL(S) YOU ALLEGE VIOLATED YOUR IONAL RIGHTS. AME ADDRESS
	1. Dept	, of Corrections (AL) 301 South Ripley, St. Montgomen
		issioner Richard Allen 301 South Ripley St. Montgomen
		n John Cummings P.O Box 220410, Deatsville, AL 36022
		in Herold Burton P.O BOX 220410, Destsville, AL 36022
	^ .	n Health Services in FRANKLin, Tennessee
	6.	
ıv.	THE DATE (	JPON WHICH SAID VIOLATION OCCURRED Jan 27 to 6
		ih the present time.
<b>7.</b>		CFLY THE GROUNDS ON WHICH YOU BASE YOUR ALLEGATION CONSTITUTIONAL RIGHTS ARE BEING VIOLATED:
-	GROUND ONE	: The grounds is for money being taken
۷ سر	of my	secount with out me knowing about the 3rd time, that money was taken out
-U	my ace	ount. all 3 times & told Captain Burton about
ny	problem.	The Prison Health Serviced took money
ron	r my a	count. They do not suppose too take
ron	ey off	The Prison Health Serviced took money count. They do not suppose too take of my account. Captain Bruton will not about it.
しい	anything	about it.

STATE BRIEFLY THE FACTS WHICH SUPPORT THIS GROUND. (State as best you can the time, place and manner and person involved.)	
The problem is, Money has been taking out of	
my inmate account since I've been here at	
Trank Lee within the last 3 weeks, I am a	•
Choinic Patient and they do not supose too take	2
any money from my account. From Jan 27 th of 20072	entil now,
GROUND TWO: Cruel and Unusual Prinshment.	•
SUPPORTING FACTS: From June of 2006 until the	
Present time people here at Frank Lee Youth	
Center (Officers and Staff) have been treating	
me with cruel and nousual puintment about	
my money and my health problems, I am sear	rel
for my life. They are treating me like hell, here,	
GROUND THREE:	
SUPPORTING FACTS:	
	• •

VI. STATE BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU, MAKE NO LEGAL ARGUMENT. CITE NO CASES OR STATUTES.

money back on my account as soon as possible and also make them stop treating me with careland uneway prinshment about anything containing my health or give me an early Parole from prison. Charles Hichs #24624)

Signature of plaintiff(5)

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED on  $\frac{2/14/37}{(Date)}$ 

Charles Fichs #246241
Signature of plaintiff(s)

> hank her foulk (enter 90 BOX 220418 Deateville, Ol 36022 ADown/ Bed#20A

> > THIS CORRESPONDENCE IS
> > FROM AN ALABAMA AND SEE
> > AND SHEAR AND SEE
> > AND SHEAR A

lerk Vistrict Con

IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA

$\mu$	ſ
Charles Thicks 246241 Full name and prison number	) ) )
of plaintiff(s)	) Y
v.	) CIVIL
Depti of Corrections et, al	) (To be
Commissioner Richard allen	)
The Prison Health Services	)
Station Correctional	)
	)
Name of person(s) who violated your constitutional rights. (List the names of all the	) }
persons.)	<b>;</b>

RECEIVED

2001 FEB 20 A 9:52

DEBRA P. HACKETT. CLX
U.S. DISTRICT COURT
U.S. DISTRICT COURT
CIVIL ACTION MODIE DISTRICT ALA
(To be supplied by Clerk of
U.S. District Court)

2:07CV 148-MEF

- I. PREVIOUS LAWSUITS
  - A. Have you begun other lawsuits in state or federal court dealing with the same or similar facts involved in this action? YES ( ) NO ( )
  - B. Have you begun other lawsuits in state or federal court relating to your imprisonment? YES (//) NO ( )
  - C. If your answer to A or B is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)
    - 1. Parties to this previous lawsuit:

      Plaintiff(s) Males Wills 246241

and The Prison Health Services.

2. Court (if federal court, name the district; if state court, name the county) Nistrict Middle Court, Alabama Montgomeny County.

	3.	Docket number 2:16-CV-990-20EF	
, f .	4.	Name of judge to whom case was assigned Judge Charles Coody, A.	
	5.	Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)	
٠		It is still pendings	
٠.	6.	Approximate date of filing lawsuit Oct of 2006.	
		Approximate date of disposition Oct of 2006.	
II.	~	PRESENT CONFINEMENT Frank Lee Youth Center	
	P. OBOX 3	220410, Deatsville, al 36022.	
		INSTITUTION WHERE INCIDENT OCCURRED Frank her	
	Jouth C	enter P. O BOX 22 0410, Desteville, at 36022	
III.	CONSTITUTI	ADDRESS OF INDIVIDUAL(S) YOU ALLEGE VIOLATED YOUR IONAL RIGHTS.	.*
•		AME ADDRESS  ACCONECTIONS 30/ South Ripley St. Montgon	nový
		ission Richard alleys 301 South Ripley St. Mon	Q Teròn
	3. Prison	Health Services Tranklin, Tennesser	1
	4.		
	5.		
	6		
IV.	THE DATE U	Jehn which said violation occurred Jehnary 15, 2007,	
v.		FLY THE GROUNDS ON WHICH YOU BASE YOUR ALLEGATION CONSTITUTIONAL RIGHTS ARE BEING VIOLATED:	
	GROUND ONE	Corretione I go too the doctor at	
	Time too	Correctional, I have too wait along on see the doctor. and also, I am a dister-	tic
	and every	yline I am there, I always have too want	<u>_</u>
	a earyun	ne por my book dam to all heine	
	Treated &	like an animal that is locked up in a thout something too eat. and tried of not teld like an immate suppose too be treated	
	Coge we	thou something too eat, and tried of no	
	veing hea	ued like an immale suppose too be tred	udi

STATE BRIEFLY THE FACTS WHICH SUPPORT THIS GROUND. (State as best you can the time, place and manner and person involved.)
on Jeb 15, 2007 after 9:00 am / I was at the doctor
at Station Consections about my health. I waited for 6
an half hours, I had to ask about Thines about giving
me some food because I am a diabetic. They tried too
act like they did not hear me,
GROUND TWO: They need to do something about
writing along time for the doctor.
SUPPORTING FACTS: Everytime, I go too the doctor
I have too wait along time before I see the
doctor and always wait along time before they
call Fronk fee too come get me dem tued
of being treated with carel and unusual puinshment.
GROUND THREE:
SUPPORTING FACTS:

Case 2:07-cv-00148-MEF-CSC Document 1 Filed 02/20/2007 Page 4 of 5

VI. STATE BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT. CITE NO CASES OR STATUTES.

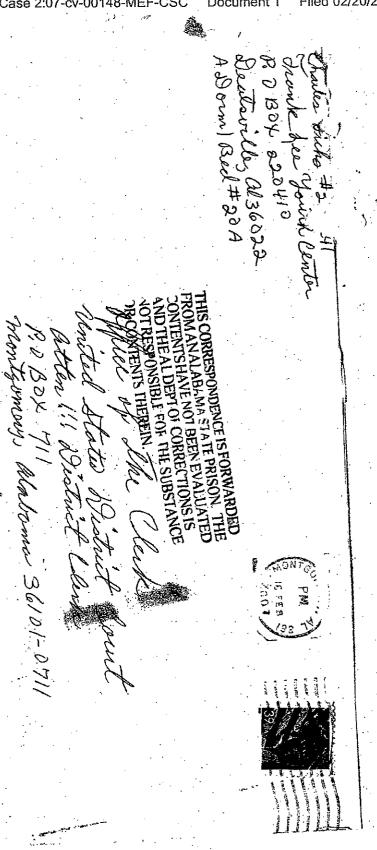
a like to make sure that they will provided me with food especially because I am a diabetic with food. and give me the respect whenever I am there too see the doctor.

Charles Hick 246241
Signature of plaintiff(s)

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED on 2/15)2007
(Date)

Charles Hicks 246241 Signature of plaintiff(s)



# **EXHIBIT B**

STATE OF ALABAMA )
Montgomery COUNTY )
I, Catherine Stallworth: , hereby certify and affirm that I am a
Medical Records Supv. , at Kilby; that I am one
of the custodians of medical records at this institution; that the attached
documents are true, exact, and correct photocopies of certain medical records
maintained here in the institution medical file of
one <u>Charles Hicks</u> , AIS# <u>246241</u> ; and that I am over
the age of twenty-one years and am competent to testify to the aforesaid
documents and matters stated therein.
I further certify and affirm that said documents are maintained in the usual
and ordinary course of business at; and that said
documents (and the entries therein) were made at, or reasonably near, the time
that by, or from information transmitted by, a person with knowledge of such acts,
events, and transactions referred to therein are said to have occurred.
This, I do hereby certify and affirm to on this the $\frac{27th}{}$ day of
August, 2007.
Catherno Stanworth
SWORN TO AND SUBSCRIBED BEFORE ME THIS THE  27th Day of Hugust 2007.
Notary Public
6-15-08
My Commission Expires

### ALABAMA DEPARTMENT OF CORRECTIONS

### PROBLEM LIST

INMATENAME HICKS, Charles	AIS# 2/1/ 2 //
Medication Allergies: Nun	AIS# 44614)
Medicals Change of	

Medical: Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical

Mental Health Code: SMI HARM HIST NONE Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
119/06	HTN (1990)			H
5/19/06	DM I DODD			D)
20/6	PPd down			WW
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coloula.	Dystypidemie 1990	j	<del>}</del>	V-
104102	non simplar -> Reporter			Ow-
2/9/07	710			
25/07	Major Defressive D/O	mH=1		3B, m
				10, M

\*\*If Asthmatic label: Mild - Moderate - or Severe.

11	MMUNI	ZATION REC	CORD
Name Licks	Charles.	ais <u> </u>	D.O.B./
Hep A V		1) Date _	Hep B Vaccine By
Date	By		By
		3) Date	By
	Inf	luenza	
Date 11/16/06	By Amehedy		By
Date	By	Date	By
Date	By	Date	Rv
Date	By	Date	$R_{\mathbf{v}}$
Date	Ву	Date	By
Date	By	Date	By
•	Pne	eumococcal	
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	, TB	PPD	
Date 5-20-6	Result $\phi_{MM}$	<b>Date</b>	Result
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Tetanus Date	Ву		
Tetanus Date	By		



DEPARTMENT OF CORRECTIONS

PRISON HEALTH SERVICES WOODFDAALE	ŢRANSFE	CR & RECEIVIT	AG SCREENIN	IG FORM		
RECEIVED: Ipmale/Health Record	11	RELEASED: Inmate/Health Institution:5+a4	6N-	ALLERGIES:	4	
Date: Time: Time: PECEIVED FROM: Institution/Workfielease Center/Free		RELEASE FROM:	AM/PM	PHYSICAL EXAMI Date of last exam: Chest X-Ray Date:	NATION	Result:
RECEIVING MEDICAL STATUS Population Infirmary Isolation		Other  RELEASE TO: DOC Infirma	ry Mental Health	PPD Reading S Classification: Limitations:	120/06	
LAD DECULTO LACT DEDONT		Institution/Work Release Ce	enter/Free-World Hospital	YES NO		
CBC Urinalysis  LAST REPORT Date Date S12	Norma 0 00	Abnormal	Wears Glasses/Contain Dental Prosthesis Hearing Aide Other Prosthesis	cts <b>7</b>	Laud ving Nurse	
CURRENT OR CHRONIC MEDICA	L/DENTAL/MENTAL	L HEALTH PROBLEMS OF	R COMPLAINTS		· · · · · · · · · · · · · · · · · · ·	
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See M		NCY	Released to:	Sent w / inmate Sent w / inmate Sent w / inmate OC Time:		inmate inmate
SCHEDULE FOR CHRONIC CARE	CLINIC		MEDICATIONS X-RAY FILM HEALTH RECORD CHART REVIEWED	☐ Received ☐ Received ☐ Received ☐ XES	Not Received Not Received Not Received	d
DATE: LAST	CLINIC:		Received by: Signature	ot Receiving Nurse	AM/	PM )
FOLLOW-UP CARE NEEDED  Medical  Dental  Mental Health	Date	Time With Who	om Location (Sending N	Nurse) Date//	Appt. Made w/Who	m (Rec. Nurse
Multiple May	U .	Open Sore Lice Lice Lice Segment Lucy Federal Word from Jones Segment Cool & Moi Cool & Moi Oriented Uncoopera Depressed  1/5/67	y st tive Qau	Height Weight Blood Pressu Temperature Pulse Resp		275 275
Signature of Murse Completing Assessment (SINMATE NAME (LAST, FIRST, MATERIAL PROPERTY OF THE PROPERTY OF T		J Date	Signature of Hattake Screening  DOC#  2 46 2	Nurse (Receiving Nurse)	Race/Sex 3 M	FAC.

Treatment Continued:

5/PV gd x 14 days

	Date 9/13/40	Date History	Date V5 local	Date	Date	Date	Date	Ì
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	mittais	Initials	Initials	Initials	Initials	Initials	Initials	

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	Date	· Date	Date	Date	Date	Date
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Comments:

Patient Name/Number	Allows	No.
24/2241	Allergies: Housin	g Unit:
CTUCII	nateda	. ,
IICK CYMES		
	70000000000000000000000000000000000000	

Treatment Continued:	Epsom Sait Soaks QD X14days
	BPVS QDX 14 days

Date	Dațe	Date	Date	Date	Date	Date
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		900l	Charles of	,	Down	Ag 190
		MS	M	Vanil	М	773
Initials	Initials	Initials	Initials	Initials	Initials	Initials

| Date     |
|----------|----------|----------|----------|----------|----------|----------|
| 10/15    | 10/16    | 10/17    | 10/18    | 10/19    | 10/20    | 10/21    |
|          | 118/16   | 20       | 112      | <i>J</i> | 140/90   | /        |
|          | 11/      |          | -        |          | NB       |          |
| Initials |

Date	Date	Date	Date	Date	Date	Date
10/22						
150/98			·			
1x Done	<b>.</b>					
NB						

Comments:

Patient Name/Number	Allergies:	Housing Unit:
Hicks, Charles	NKA	FLYC

	ontinued:		2 times	majory	XYV	
WEE	KA	WEEK	-2	WEEK	-3	
Date	Date	Date	Date	Date	Date	Date
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Date	Date	Date	Date	Date	Date	Date
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Commen	ts:		,		•	
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	Birth: 11-2-61 Some diebe ome Elpson cause i pa	ve swell	icl
	Charles	Signature	
DO NOT WRITE	BELOW THIS LIN		
Date://_ Time: AM PM Allergies:	Date: 9/3/6 Time: 430 Receiving Nu	TEIVED	
(S)ubjective:			<b>=</b> ;
(O)bjective (V/S): T: P:	<u>R:</u>	<u>BP:</u>	<u>WT:</u>
(A)ssessment:	S/C 12	:38 D B	
(D)low.		-	
(r)ian;			
Refer to: MD/PA Mental Health Dental		Return to Clir	nic PRN
	.E ONE Y ( ) ied: Yes ( ) No	o ( )	nic PRN

GLF-1002 (1/4)



Print Name Charles Hicks ID # 246241  Da	Date of Requestate of Birth: 11-2-6/ I	st: 10/10/06	15 0 th in
7	Regiums about thouses	heckeds of a late pull and what is	pedia lso tis all about
DO NOT WR	ITE BELOW THIS LINE	Signature	
Date:/ Time: AM PM Allergies:  (S)ubjective:	RECE Date: Time: Receiving Nurs	;	·
(S)ubjective:			
(O)bjective (V/S): T: P:	R:	BP:	WT:
(A)ssessment:			
(P)lan:			
	ental Daily Treatment CIRCLE ONE ENCY ( )	Return to Clinic P	PRN
If Emergency was PHS supervisor Was MD/PA on call	notified: Yes ( ) No (	•	
· · · · · · · · · · · · · · · · · · ·	SIGNATURE AND	 TITLE	
WHITE: INMATES MEDICAL FILE YELLOW: INMATE RETAINS COPY AFT	ER NURSE INITIALS REC	CEIPT	

GLF-1002 (1/4)

### **Nursing Evaluation Tool:**

General Sick Call Facility: Alabama Department of Corrections harles Date of Birth: 1 Inmate Number:

Date of Report: 10 10 Priff	Time Seen: // 5 5 MMPM Circle One
Subjective: Chief Comptaint(s): Aled Blokers  Onset Brack Franke	gand want to find out
Brief History Walletic requesting dea Confinge on back it necessary)	betie shees, diabetic
026	☐ Check Here it additional notes on back
/ // // // // // // // // // // // //	2 RR: 20 BIP: 120186 c shoes and wants meder
Assessment: (Referral Status) Preliminary Determin	
Referral <u>REQUIRED</u> due to the following: (Check all Recurrent Complaint (More than 2 visits for the same complaint)  Other:	that apply)
Comment: You should contact a physician and/or a purcing curronic	sor if you have any concerns about the status of the patient or are unsure of
Plan: Check All That Apply:	nature of their medical condition and instructions regarding what they
OTC Medications given A-NO U YES (If Yes List):	
Referral: D NO D YES (If Yes, Whom/Where): MD 1	CorewDate for referral:
Referral Type: Routine Urgent U Emergent (if emergent who	was contacted?) Time
X J. Swrndle fr Name: 7  Nurses Signature	Frinted Printed



Print Name: Charles Hicks  ID # 946241  Date of	Date of Request: 10-16-06  Birth: 11-2-6/ Location: 3-412
Nature of problem or request: I am nou shows that i suppose it go	
he will let me know when , hospital to see about my leg hurte me real bad.	or were will I 30 to the the the really Charles Licks
DO NOT WRITE I	Signature BELOW THIS LINE
Date:/ AM PM Allergies:	RECEIVED  Date: Time: Receiving Nurse Intials
(S)ubjective:	
(O)bjective (V/S): T: P:	R: BP: WT:
(A)ssessment:	
(P)lan:	
	Daily Treatment Return to Clinic PRN E ONE
Check One: ROUTINE () EMERGENCY If Emergency was PHS supervisor notification Was MD/PA on call notification	Y() ied: Yes() No()
	SIGNATURE AND TITLE
WHITE: INMATES MEDICAL FILE	



Print Name: Charles Hich	ò	_ Date of Req	yest: 10/19/0	6
ID#	Date of Birt	th: 11-2-67	Location: 3	79_
Rature of problem or request:	reed M	ho box	of charles on	naina
because it is ver	Imp	orlant.	ac out - ru	many
	· · · · · · · · · · · · · · · · · · ·			
		Charles	+ Hicks	
DO NOT	WRITE BEL	OW THIS LIN	Signature <b>NE</b>	
Date:/ AM PM Allergies:	500 D)	RE Date: Time: Receiving N	CEIVED urse Intials	
(S)ubjective:	Zvi			
(O)bjective (V/S): <u>T:</u>	P:	R:	BP:	WT:
(A)ssessment:				
(P)lan:				
Refer to: MD/PA Mental Health	Dental Dai	ly Treatment	Return to Clinic	PRN
Check One: ROUTINE ( ) EME If Emergency was PHS supervious MD/PA on	CIRCLE O' ERGENCY ( isor notified: call notified:	) Yes ( ) N	lo ( ) lo ( )	
	SIG	NATURE AN	D TITLE	· · · · · · · · · · · · · · · · · · ·
WHITE: INMATES MEDICAL ELE			~	

INMATES MEDICAL FILE

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Nursing Evaluation Tool

General Sick Call

	Facility: Staton Correctional Facility
	Patient Name: Lieks, Charles
	Inmate Number: 24624 Last First Date of Pluth 1/17 16 MI
	Date of Diffit. 1/ 10 10
	Date of Report: 10 120 106  Time Seen: 145 AM/PM Circle One
	MM DD YYYY Time Seen: Ut AM/PM Circle One
Brie (Cont	Onset: Hears and want b/s  History: Wital Signs: (As Indicated) T. 9.76 p. 72 p. 100 p. 110 p
Onle	ective: Vital Signs: (As Indicated) T: 976 P: 72 RR: 20 B/P: 140 198
Exa	amination Findings: 10 acute distress, States no problems
(Con	Sus Want B-S and
:	
,	
A	Ssessment: (Referral Status) Preliminary Determination(s):
•	Acterial NOT REQUIRED
•	Referral REQUIRED due to the following: (Check all that apply)
	Trescriterit Complaint (More than 2 visits for the same complaint)
•	Other:
	Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.
Plan	7: Sheck All That Apply:
_	Instructions to return if condition worsens
	Legication: The patient demonstrates an understanding of the patient of the patient of the patient demonstrates and understanding of the patient of the pati
	Other
,	(Describe)
(	OTC Medications given NO PES (If Yes List):
ł	Referral: APNO DIYES (If Yes, Whom/Where):
1	Referral Type:  Routine Urgent Umergent (if emergent who was contacted?):  ROUTEU Time
Х	Di Swindle Ign Name: T' Swindle (s)
-	Nurses Signature Name: 1 S W I K O 1 P



Print Name: Charles +	Licks	Date of Reque	10/2//	06
ID# 246241		Date of Reque Birth: 11-2-61	Location: 3	12
Nature of problem or request:	& mess	the docto	2 - to, writ	è me
some papera so	The poe	DO here à	t Trank	Lee
	d have i	momission.	to seen	these
slides because my	1 sept sleg	is huring n	u real o	ad,
		Goves	Signature	
DO	NOT WRITE B	ELOW THIS LINE	Signature L	
Date:/	Marie Company			
Time: AM PM		REC	EIVED	
Allergies:		Date:		
		Time:		
		Receiving Nur	se Intials	
				긘
(S)ubjective:				
			·	
(O)bjective (V/S): T:	P:	D.	DD.	1. M. 4***
(V/3). 1.	F.	<u>R:</u>	<u>BP:</u>	WT:
(A)ssessment:				
( Table )				
(P)lan:				
Refer to: MD/PA Mental Ho		FS 11 PD		
Refer to: MD/PA Mental Ho	eaith Dental I CIRCLE		Return to Clin	nc PRN
Check One: ROUTINE ( )				
If Emergency was PHS s			( )	
Was MD/F	A on call notifie	ed: Yes ( ) No	( )	
Minusipa	•	SIGNATURE AND	TITI F	-
WHITE INDATED ASSESSED		AGINII ONL AND	111111	

WHITE: INMATES MEDICAL FILE



# Document 22-3 Filed 02/19/2008 Nursing Evaluation Too'

Page 16 of 177

General Sick Call

	Facility: States Correctly, 15, 199
	Facility: Staton Correctional Facility  Patient Name: (Name)
	Inmate Number: 1/2 ( Last First // 2 // MI
	Date of Birth: // 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /
ರ್ಣಕರ್ಯಕ್ಷಣಗಳ ಬಿ.ಬಿ.ಬಿ.ಬಿ	Date of Report: 1231 00 Time Scent // AM PM Circle Girl
<u>s</u>	ubjective: Chief Complaint(s): Alle Rink Wis to Illar Stides Sue
(	Wo met feel & elle Swelling
	Brief History: Asonic Alex + len swelling
•	(Continue on back if necessary)
	Check Here if additional notes on back
	Objective: Vital Signs: (As Indicated) T: 276 P: 68 RR: 20 BIP: 110 170
•	Examination Findings: Chronic ley Swelling left les
•	
	Assessment: (Referral Status) Preliminary Determination(s):
	Referral NOT REQUIRED
	Referral REQUIRED due to the following: (Check all that apply)      Recurrent Complaint (More than 2 visits for the same complaint)
$\mathcal{L}$	Opposite (increment 2 visits for the same complaint)
· Jed	
Na	
	Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given
	☐ Instructions to return if condition worsens
	☐ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☐ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)
	□ Other:
	(Describe) OTC Medications given
	Referral & NO FLYFO 1644 AND
	Referral Type:   Referr
	1 Liliandle la)
	Nurses Signature  Name:  Printed



Print Name: Charles Hicks ID # 24624/ Date of B	Date of Requ irth: <u>//- <sup>0</sup>ユー</u> ሪ	lest: 10-2	8-06
Nature of problem or request: + nee 0 +	osee the me. also Givens.	e Doctor	because 2-profile
DO NOT WRITE BE	Charles ELOW THIS LIN	Vicho Signature E	
Date://_ Time: AM PM Allergies:		CEIVED	
(O)bjective (V/S): <u>T: P:</u>	<u>R:</u>	<u>BP:</u>	WT:
(A)ssessment:  (P)lan:			
Refer to: MD/PA Mental Health Dental D CIRCLE Check One: ROUTINE () EMERGENCY If Emergency was PHS supervisor notified Was MD/PA on call notified	ONE ( ) i: Yes ( ) No	Return to Cli	nic PRN
WHITE: INMATES MEDICAL FILE	IGNATURE ANI	O TITLE	Approximate the commence of th



Print Name: Charles Hicks ID # 246241 Nature of problem or request: 4 new	Date of Birth:	Date of Request:  11-2-61 Loc ant back Ch		<del></del>
July please.	n. My leg	buts me huts me hales H	val neal ba on test on m	do y leg and
DO NOT	WRITE BELO	W THIS LINE	gnature	
Date:/ Time: AM PM C Allergies:		RECEIV Date:  1 5 70 Time: 8 53vm Receiving Nurse I	- 10	
(S)ubjective:				
(O)bjective (V/S): T:	P:	R:	BP:	WT:
(A)ssessment:			,	
(P)lan:				
Refer to: MD/PA Mental Health  Check One: ROUTINE ( ) EME  If Emergency was PHS superv  Was MD/PA on	CIRCLE ON ERGENCY ( ) isor notified:	E	eturn to Clinic PR	N.
		VATURE AND TIT	TLE	• • • • • • • • • • • • • • • • • • •
WHITE: INMATES MEDICAL FILE	5			



### **Nursing Evaluation Tool:**

General Sick Call

Facility: Alabama Department of Corrections
Patient Name: Alaks, Charles
Inmate Number: 24624 Date of Birth: 1/2/6/
Date of Report: 1 1 0 1 06 Time Seen: AM / PM Circle One
Subjective: Chief Complaint(s) Seed to Start BS again and by hurto Clar bading it to see + whoctor @ UAB ON Jackson
Brief History. Chronic ly pain and edenia, Regulasting
Gontinue on back innecessary also want bleva sugar checks
Check Here if additional notes on back
Objective: Vital Signs: (As Indicated) T: 97 P: 80 RR: 20 B/P: 120 178
Examination Findings: Cleft leg edematous, C/o real bad pain
(Confinue on back if pecessary) of the DUA.
Assessment: (Referral Status) Preliminary Determination(s):
Referral REQUIRED due to the following: (Check all that apply)
☐ Recurrent Complaint (More than 2 visits for the same complaint)
Other:
Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.
Plan: Check All That Apply:  Whistructions to return if condition worsens.  Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up.   YES  NO (If NO then schedule patient for appropriate follow-up visits)
Other:
OTC Medications given A NO D YES (If Yes List):
Referral: 1 YES (If Yes, Whom/Where): 1 Preview Date for referral: 1
Referral Type: TRoutine Urgent U Emergent (if emergent who was contacted?)
X Swrodil for Name: c. Swiller grinted



Print Name: Charles H <sub>1</sub> ID # 246241  Nature of problem or request: =	cks	Date of Requ	est: 11-7-	06
ID# <u>24624/</u>	Date of Birtl	h: <u>//- スー<i>6</i> /</u>	Location: 3 K	7-8#12
Nature of problem or request:	need to g	0 to 200	ther fre	e world
NOCTOR TO MADE A 14	USI ON MY	LettLe	again. T	415
is to Doctor Corl	0,881			
		160.6	THE	
		Charles	Signature	
DO NO	T WRITE BEL	OW THIS LIN	•	
Date:/				7
Time: AM PM Allergies:	200 km	Date: (1/7/04) Time: 9050	rse Intials My	
(S)ubjective:				L
(O)bjective (V/S): <u>T:</u>	<u>P:</u>	R:	BP:	<u>WT:</u>
(A)ssessment:				
(P)lan:				
Refer to: MD/PA Mental Heal	th Dental Da CIRCLE O	•	Return to Clin	nic PRN
Check One: ROUTINE ( ) E If Emergency was PHS sup Was MD/PA		Yes ( ) No		
	SIC	SNATURE ANI	D TITLE	
WHITE: INMATES MEDICAL F		ce initeiai e ni	C C L D T	

GLF-1002 (1/4)



Print Name: Charles His ID # 246241 Nature of problem or request: Corbier because The fluid in my leg end I don't like it	Date of Bire	Date of Requents:  h://-2-6/ need to really his drawn g	Location: 300 talk to usting me one rup of the sup of t	to 6 12 - Dr. real bad ny leg.
DO	NOT WRITE BEL	OW THIS LIN	Signature E	
Date:// Time: AM PM Allergies:	11 23 pm	REC Date: Time: Receiving Nu	EIVED	
(S)ubjective:				
(O)bjective (V/S): <u>T:</u>	<u>P:</u>	<u>R:</u>	BP:	<u>WT:</u>
(A)ssessment:				
(P)lan:				
Refer to: MD/PA Mental H			Return to Clin	ic PRN
Check One: ROUTINE ( )  If Emergency was PHS  Was MD/		Yes ( ) No		
	SIG	NATURE AND	TITLE	
WHITE: INMATES MEDICA YELLOW: INMATE RETAINS		SE INITIALS RE	СЕІРТ	

GLF-1002 (1/4)



### Nursing Evaluation Tool:

**General Sick Call** 

	Facility: Alabama Department of Corrections
	Patient Name: / CRS / Marles First // 2 / MI
	Inmate Number: 24624 Date of Birth: 12 100
	Date of Report: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Brief Hi	ve: Vital Signs: (As Indicated) T: 976 P: \$4 RR: 20 B/P: 140 1 92
Examir (Continue	pation Findings: Allelling Motels left left Refoulstyng the
ne	ed something for pain'
	Q Check Here if additional notes on bec
A	
Asse	ssment: (Referral Status) Preliminary Determination(s):
	Referral REQUIRED due to the following: (Check all that apply) Recurrent Complaint (More than 2 visits for the same complaint)
	Other:
	Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.
Plan:	Check All That Apply:  Distructions to return if condition worsens.  Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. Dies Die NO (If NO then schedule patient for appropriate follow-up visits)
	Other:
OTO	(Describe)  Medications given
Refe	erral; D NO Date for referral:
Refe	erral Type: Reutine Urgent DEmergent (if emergent who was contacted?) - MUJUU Time
x	I Surall Mame: To Saindle Mr. Name: To Saindle Mr.



Print Name: Charles Hicks  ID # 246241 Date of Birth: Nature of problem or request: F need + about my Leg. And also + too see Another free war My Leg is hurting me Real L	11-2-6/Location: 3-12 0 see Dr. Curbier 0 malse an appointment 2/d doctor real Bad. 24d Right now. Charles History Signature
DO NOT WRITE BELO	W THIS LINE
	RECEIVED  Date: Time: Receiving Nurse Intials
(S)ubjective: "I need to see sor problem with this su some cautches to ta	
(O)bjective (V/S): T: 987 P: 78	R: 20 BP: 138/96 WT:
Ambilited to HEU Slow gait. Ed Scaling alinto Last Very dry skin to side of calfi Unable to palpate (A)ssessment:  Alteration Skin Integrity R/	
(P)lan: EValuak per MD	
Refer to: MD/PA Mental Health Dental Daily CIRCLE ONE Check One: ROUTINE () EMERGENCY () If Emergency was PHS supervisor notified: Was MD/PA on call notified:	Urgent (Y Yes () No ()
·	ATURE AND TITLE
WHITE: INMATES MEDICAL EILE	

INMATES MEDICAL FILE



Print Name Charles Hicks	Date of Request:
ID # 44 6 24   Date of E Nature, of problem or request: Dar Con	Birth: 1-2-6/Location: 3-4/2 bien told me that I
med them year treat or me really bad.	al because my beg hus
	Charles Hicko Signature
DO NOT WRITE B	ELOW THIS LINE
Date:/ Time: AM PM Allergies:	RECEIVED Date: 1 - 30 D Time: 6 10 Y Receiving Nurse Intials
(S)ubjective:	
(O)bjective (V/S): T: P:	<u>R:</u> <u>BP:</u> <u>WT:</u>
(A)ssessment:	pent over after by nurse. 11/20/06
(P)lan:	sy vac
Refer to: MD/PA Mental Health Dental CIRCL	
Check One: ROUTINE ( ) EMERGENCY If Emergency was PHS supervisor notifi Was MD/PA on call notifi	Y ( ) ed: Yes ( ) No ( )
Kgon	SIGNATURE AND TITLE
WHITE: INMATES MEDICAL FILE	SIGNALUKE AND TILLE



Nature of problem or request: A would check my blood Presure.  I get my ortheredic she waiting.	please? In Charles	cation: 3 - 1	12 12
DO NOT WRITE BELO	OW THIS LINE		
Date: DO AM PM Allergies:	RECEIV Date: B/12/06 Time: 6AM Receiving Nurse		<del></del>
(S)ubjective:			
(O)bjective (V/S): T: P:  [Muxtr Start Sta	ted he haday on today come to	BP: and pre and dr eith	wT:
(P)lan:		Kon	
Refer to: MD/PA Mental Health Dental Dai CIRCLE Of Check One: ROUTINE () EMERGENCY ( If Emergency was PHS supervisor notified: Was MD/PA on call notified:	NE ) . Yes ( ) No (	•	PRN
SIG	NATURE AND TH	TLE	
WHITE: INMATES MEDICAL FILE			



WHITE: INMATES MEDICAL FILE



Print Name: Charles	Lieho	_ Date of Reque	est: <u>/- 2/-</u> 8	7
ID # 24624/ Nature of problem or request  Like VAB so 200  for my left leg or  my medicine	in get the	U	ree World ? mento that 2600, I nee Iticho	
D	O NOT WRITE BEI	LOW THIS LINI	Signature E	
Date:/ AM P! Allergies: AM P!	М —	Date: 1 2 Time: L Receiving Nur	EIVED 107 115/P se Intials	
(S)ubjective:	*			_
(O)bjective (V/S): <u>T:</u>	<u>P: · </u>	<u>R:</u>	BP:	<u>W</u> T:
(A)ssessment:				
(P)lan:				
Check One: ROUTINE ( ) If Emergency was PH	,	ONE ( ) : Yes ( ) No	) ( )	nic PRN
	SIO	GNATURE ANL	) TITLE	
WHITE: INMATES MEDIC YELLOW: INMATE RETAIN		RSE INITIALS RE	CEIPT	

GLF-1002 (1/4)



Print Name: Of	arles Hicks		Date of Req	uest: 4/9/o	フ
ID# <u>246241</u>		_ Date of Birt	h: <u>//- ユ- <i>67</i></u>	Location: C-	#23A
Nature of proble	m or request: 🗸 🙃	sould li	ke too I	alk too to	10.
Doctor ab	out getting	a work	Profile .	o i con	90
out on a	squad, an	d also	or a Che	ek Up lu	yn .
Doctor (or	bier .			7	
			Charles	Dicho	
**				Signature	
	DO NOT	WRITE BEL	OW THIS LIN	l <b>E</b>	
Date://_					
Time:	AM PM		REC	CEIVED	
Allergies:	w		Date: 4-10-0		
			Time 1 340		
				ırse Intials 🚜	
(S)ubjective:					
(1) mag 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
(O)bination 010	a) =	_			
(O)bjective (V/	S): <u>T:</u>	<u>P:</u>	<u>R:</u>	BP:	WT:
					-
(A)ssessment:					
(P)lan:					
D-E C NO.					•
Refer to: MD/P	A Mental Health			Return to Clin	ic PRN
Chook Ones DOI		CIRCLE ON			
Check One: ROI	TINE() EME	RGENCY ( )			•
11 Emerger	ncy was PHS superv	isor notified:	Yes ( ) No	o ( )	
	Was MD/PA on	call notified:	Yes ( ) No	o ( )	
			NATURE AND	) TITLE	
	TES MEDICAL FILE				
YELLOW INMAT	TE RETAINS CODY	A DTDD All inci	- INTERPOLATION		

COPY AFTER NURSE INITIALS RECEIPT



Print Name: Charles Tricha Date of Request: 4/11/0)  ID #27624/ Date of Birth: 1/-2-6/ Location: 6 Dorn/ Bed 23 A  Nature of problem or request: 2 talked too a nurse about a former  and no standing profile and also a fight work profile  from 29. Cooler on this morning after 9:30 Am, and she  told me she would send me a Paper too fill out.
Signature Signature
DO NOT WRITE BELOW THIS LINE
Date:
O)bjective (V/S): T: P: R: BP: WT:
A)ssessment:
P)lan:
efer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  CIRCLE ONE  heck One: ROUTINE() EMERGENCY()  If Emergency was PHS supervisor notified: Yes() No()  Was MD/PA on call notified: Yes() No()
SIGNATURE AND TITLE HITE: INMATES MEDICAL FILE



Print Name: Charles Hicks  Date of Request: 5-14-07  Date of Birth: 1/-2-6/ Location: E2-#9A  Nature of problem or request: I have some in my head and it is itching  50 bad. I Am A diabetic. I meed something for my head.  I meally Really need to go too an outside Hospital Like  UAB too see another Doctor about my health problems.  Charles thicks #246141
DO NOT WRITE BELOW THIS LINE
Date: / /
Time: AM PM Allergies: Date: 5 15 5 Time: \( \psi \) Receiving Nurse Intials
(S)ubjective:  Date: 5 15 5 Time: 4: 05 Receiving Nurse Intials
(O)bjective (V/S): <u>T:</u> <u>P:</u> <u>R:</u> <u>BP:</u> <u>WT:</u>
(A)ssessment:
5/1667  Flu 7 me  6 comp  88
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE  Check One: ROUTINE() EMERGENCY()  If Emergency was PHS supervisor notified: Yes() No()  Was MD/PA on call notified: Yes() No()
WHITE: INMATES MEDICAL FILE YELLOW: INMATE RETAINS CORN (TOTAL)
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Ease 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 32 of 177 Nursing Evaluation Tor General Sek Call
Facility: Alabama Department of Corrections  General Sick Call
Patient Name: Accks Chaple
Inmate Number of 4624 Light First
Date of Report: 5 1/6 107
Date of Report: 5 1/6 107  Time Seen: 900 AM PM Circlone
Subjective: Chief Complaint(s): Sauce Society for the society
Onset: Pullful. was and fly still
Brief History Left ley Swallen and Day in a land
Sorts in head Des a De fait of white
a dong line.
Objective: Vital Signs: (As Indicated 7 9 2
P. RR: P.D. 1201
Examination Findings (Calls) Marted Tell (Online) on back it recovers (1)
Daniel Line Stollen and Ch
- fund
Accoccmonte (D. C.
Assessment: (Referral Status) Preliminary Determination (s):
Referral NOT REQUIRED  Preliminary Determination(s): Check Here I additional motes on beak
Referral REQUIRED Referral REQUIRED And to the City
Referral NOT REQUIRED  Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 years for the same and that apply)
Referral NOT REQUIRED
Referral REQUIRED due to the following: (Check-all-that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:
Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  \$\( \) \( \)
Referral NOT REQUIRED  Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.
Referral NOT REQUIRED  Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Sit W  Pur Cm  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the patient or are
Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:
Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Plan: Check All That Apply:
Referral REQUIRED due to the following: (Check-all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Check All That Apply:  This fructions to return if condition worsens.  Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. EYES ENO (If NO then schedule patient for appropriate follow-up visits)
Referral NOT REQUIRED  Referral REQUIRED due to the following: (Check all-that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Check All That Apply:  Plan: Check All That Apply:  Phastructions to return if condition worsens.  Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they concerns about the status of the patient of appropriate follow-up visits:  Other:  Other:  Other:  Other:  Other:  Describe:  Other:  Other:  Describe:  Other:  Other:  Other:  Describe:  Describe:  Other:  Describe:  Other:  Describe:  Other:  Describe:  Other:  Describe:
Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Check All That Apply:  Check A
Referral REQUIRED due to the following: (Check-all-that apply)  Recurrent Complaint (More than 2 visite for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Check All That Apply:  Plan: Check All That Apply:  Phan-tructions to return if condition worsens.  □ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate fellow-up. □ YES □ NO (If NO then schedule patient for appropriate follow-up visits)  OTC Medications given □ NO □ YES (If Yes, User):  Referral: □ NO MAYES (If Yes, WhomWhere): Referral type: □ Routine Matagent □ Emergent (if mergent who was contacted?):  Date for referral: Substitute Type: □ Routine Matagent □ Emergent (if mergent who was contacted?):
Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:  Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.  Check All That Apply:  Hinstructions to return if condition worsens.  Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up.   OTC Medications given  NO YES (If Yes List):  Referral:  NO MAYES (If Yes, Whom Marce):  A Hinstruction of the patient for appropriate follow-up visits)



50	2
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Print Name: Charles 77. ID # 246241 Nature of problem or request: about my left of also too go too 19 octor so he can	This is a leg. It is a outse	Date of Req Birth: 11-2-6 too see do s still he De hospit	Location: E- Paul Cor Ting me.	bier
DO	NOT WRITE F	BELOW THIS LIP	Signature	700/
Date:/ AM PM Allergies:		REO Date: 5-19- Time: 325 Receiving No	Dp .	
(S)ubjective:	,07			
(O)bjective (V/S): <u>T:</u>	P:	<u>R:</u>	BP:	WT:
(A)ssessment:				
(P)lan:				
Refer to: MD/PA Mental He	CIRCLE	ONE	Return to Clin	ic PRN
role?	EMERGENCY upervisor notifie	( )		
(6t)	9	IGNATURE AND	TITIC	

WHITE: INMATES MEDICAL FILE

RICOMPONATED ELIVER	RGENCY
ADMISSION DATE ORIGINATING FACI	LITY FLYC FISION ON
a de la companya de l	☐ OUTPATIENT
ALLERGIES / V CA	CONDITION ON ADMISSION  TO GOOD
VITAL SIGNS: TEMP ORAL RECTAL RESP. /	12)
NATURE OF INJURY OR ILLNESS	<100>50
S- Laving numbress off	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / Z SUTURE
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Started after dinner	
about 530/p.	1 ( )
	Jana De Co
	PROFILE RIGHT OR LEFT
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PHYSICAL EXAMINATION	-1//) (\\/) . (\\ &\TH _ \\\P\/
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numb a this home.	
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	AIGHT OR LEFT
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H - alt. in Content	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
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AGNOSIS	
STRUCTIONS TO PATIENT	
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SCHARGE DATE TIME RELEASE / TRANSFERRE	D TO DEOC CONDITION ON DISCHARGE
BSE'S SIGNATURE PHYSICAN'S SIGNATURE	□ □ FAIR □ CRITICAL
John March	3/3060 CONSULTATION
MATE NAME (LAST, FIRST, MIDOLE)	DOC# DOB R/S FAC.
Michs, Warles	246741 11/2/2 18/m Fin
-MD-70007 (White – Record Copy, Yello	w - Pharmacy Copy)
• • • •	··,,

### **EMERGENCY**

ADMISSION DATE OF CONTINUE ORIGINATING FACILITY ORI	CAPEE   SICK CALL SEMERGENCY  OUTPATIENT
ALLERGIES NA	CONDITION ON ADMISSION
VITAL SIGNS: TEMP ORAL RESP	) The MORAL BOOM A
NATURE OF INJURY OR ILLNESS	<100>50
S- having numbress off	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
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Started after dinner	
about 530/p.	( ) ( )
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	PROFILE RIGHT OR LEFT
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PHYSICAL EXAMINATION	(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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numb a this home.	
	RIGHT OR LEFT
A. RH. IN Confort	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
	Motive 600mg-, PUBIOX
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P. Lou to review	
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DIAGNOSIS	
Dee Prog. rutes -	
Kla if any land Sam	p som 5/
DISCHARGE DATE  TIME RELEASE / TRANSFERRED  TIME AM  RELEASE / TRANSFERRED	TO NACC CONDITION ON DISCHARGE
PHYSICAN'S SIGNATURE	D FAIR D CRITICAL  PAYE CONSULTATION
NMATENANE (LAST EIRST MORE)	3/8062
NMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.
[Uichs, Marles	246241 11/46, B/n FLX
IS-MD-70007 (White – Record Copy, Yellow	/ - Pharmacy Copy)

EMERGENCY

WCGAPORA16D		
ADMISSION DATE 7/07 3: ORIGINATING FACILITY	APEE []	☐ SICK CALL ☐ EMERGENCY ☐ OUTPATIENT
ALLERGIES DOSN'T KNOW	CONDITION ON ADMISSION DGOOD ☐ FAIR ☐ POOR	□ SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: TEMP PRECTOS RESP.	PULSE 89 B/	RECHECK IF SYSTOLIC <100> 50
NATURE OF INJURY OR ILLNESS  S  T  D  T  T  T  T  T  T  T  T  T  T  T	ABRASION /// CONTUSION # BUR	7 3 A OFFILE TOLL
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Swelling by It lies	<b>P</b>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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PHYSICAL EXAMINATION	$\Theta \cap V \cap V$	, elth the
A) Alt bulth montainer	e \ (\ \ \ \ ) (\ \ \ )	
	196 96	RIGHT OR LEFT
P) Muthoring has my COO	ODDEDC MEDICATIONS IN SUITE	
Elenste les po (PP)	ORDERS / MEDICATIONS / IV FLUIDS	TIME BY
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DIAGNOSIS		
Obvinic Dleg edoma  INSTRUCTIONS TO PATIENT  THE COLL CALL I	2001	polosia / Plu co
DISCHARGE DATE TIME RELEASE / TRANSFERRED	TO DOC CONDITION OF AMBULANCE	ON ON DISCHARGE
NURSE'S SIGNATURE PHYSICIAN'S SIGNATURE	☐ ☐ FAIR ☐ DATE CONSUL	CRITICAL
CGRELLIST, SIRST, MIDDLE) (In CA)		DB R/S FAC.
Hicks Charles	246241	Stuff
	<del></del>	



### **PROGRESS NOTES**

Date/Time	Inmate's Name: Nicks Charles 246 241 D.O.B.: 11/2/6/
7506	mf252T98'P64 Rao B/P149/90 075AT 9750
	1 / 1 /
1/12/06	2010 ni. nail clippy Wt258 T- 987 P-72
	B-20 02 set 98/0 B/0 (164/96) - Jay
	Dotopi. nail clipping Wt258 T- 987 P-72 B-20 02 set 98/0 B/p 164/96 Jun & c/o focer hunting som of tornois.
	O uper hay be trobie too.
9-22-06	20 Were: Eval % neck pain, V3/pet B/s Wt 271 BS-167
8250	20 NCPU: Eval % Neck pain, V3/pet 8/s Wt 271 BS-167 T-984 P-72 B-20 025at 97% B/p 128/88
+	Sift here for Flu sick call. C/o "Mast on @ side
	of rech " x 6 days. Pain & @ side thing of nech. Approx
	le days ago c/o chills, fever x 2 days à resulted
	"Knot i keleness" on Os To of neck. Denies cough,
	nesal drange, ear pair / draininge, 50B.
<u>*1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -</u>	O' VSS Afchile. GEN: AROX3 in NAD. HEENT)
	Head normo cephaliz, ortransative Eyes: PERRIA, FOMS
	intech. Ear: This istact, odraheye, Nose, Vines
	parent, ordraing. Neck. Elynd mode enlagement / tenderes
	1cm x (Cm C) posteron convicue. Movable. @ warmth. OTVD.
	Dearoted buits. Throat: Physic pink. Openo lings: CTAS
	Cop: son ou (cloc. Ald: Beyn, soft, NT) DBSXY,
	OBM. Ext: DIDP/PT pulses @ generalized, BLE
	Edema. Presently weary TED hose.
	#: 1) Posterior Cerrical enlarged lymph mode
	a) tosible lymphares to vs. folliculities
60111 (5/85)	2/ Bactor DS - po B/ DV/odays
	a) Resible lymphanes by vs. folliculities  P. 1) DP II 2) Bactrim Ds + po Bl D V lodays  3) IWH. F/90 The Byth sides Before Using Another She:  [ Land CRNP

9-29-06 2006 Pre: fly. I much was not brought to How. Well See mordal 10-206 20 HCP 16: fle Neckpai Wt 279 T-98', P-66 Pt. for FIV @ posterior cervice lyngh node enlargent - possible lymphagitis VS follialitis. Mild improved w/ Backing but aria still enlaged. Denes fere malaire, fatige On Ros No personal BIE pito edoma , day / scaly slin, al BYE pain w/wa/4. HB (B) LE eden/pain since 1982. Vehice call kndemes Q: 155 X BP 1 180/16 ((familine 0. Zy given now) Alebure HEENT: Hed normorpholiz atranmatic. Eye: PERRIA EDM's infact. Ears! This infact. Naver partet. Pheynx intact. Necli O TVO O caroted busts. @ Icmx Icm extiged lymph node post conveil, hard, movable, orwand. Dhild endences to papation longs: CAB. Con non onto Astronities: 12 DP/PT pulses. +2 pitfeden BLE to "
Three Caprefill Will This ingroun toenade B feet Stoms A? 1) Postersor Cervical Lymph Mode enlagement a) Infectors Vs Inflamitage 3) Possible DVD 1) Stat Aunti 875 y 7 PO BIDX 10 day 2)(B) vehous doggle (B) LE (?PVD) Epson salt souls & Daniel Shore By 5/ Add Las X Yon Paam I KCL long DAM 2 THIS for HTM al BHE 6) Amajty DP H hot done as of this visit
7) BP V QD & 14 days
8/2 MM. FIV will consider full 72 21, CRNP
teoty if hyphrode ulgat or improved water.



	PROGRES	SS NOTES
Date/Time	Inmate's Name: HICKS Charle	0 000
10/2/06	B/p rechedled 112/78	D.O.B.: / /
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10/13/06	20HPri. END flu U	11 1 X OCD
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	Charles ble phase	ntiers. A. Rom
	M. is dead	our ·
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	leg leg	mented Sweller
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	one.	B+ pilling Bdays
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	ten	To Vanuales of
	<b>∧</b>	ead be t
		IN tal
5/85)	Iplete Post State	
	iplete Both Sides Before Usi	ng Another S

Date Case 2:07-cv-00668-MHJ -CSC Document 22-3 Filed 02/19/2008 Page 41 of 177
Turks water toke the post of t
the sop Kelling know EMB 1100 =
3'Den on lege, - T91.8,025at 9790, P66, 120
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Patient Back from tour appt re: venous topper Soudy of leep of unequality is in
a de conclusión de la c
Pt want attorney contoclos re. his leg. Instructed
pt have attorney suppress received for his review.  Will Born Back to Dan in 10 Boys for penans
report rearry. Po Mo return popular
Oct
11.3.00 Dot Copre: Julestresult wt 263 Togs P. 64
948 R-20 Orsert 99°1, 146/88
Pt Informed Results of Dapples study - No
Salchands of Dut & & Done
GO PAIN Along Lateral leg.
Sevice chronic swalling. H. DM HTM.
can E to some to inspect by twice daily.
RESUME ASA 94.
EXAM
Lorge hoy: I savere chronic Vanine Tours
5kn hyperpro & day - No sultance
LARGE Ley: T Sweet chronic Vanous insufer Skn hyperprog of day - No EUDENCE of infacto, Fungal rails
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etronic verous major
Sun cones Educations CAME
Sen CARE EdicaTION. DED orithant Flu He in R Z-3WKG & Di corbere  Myh.lm
Hybile X

Cas	e 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 42 of 177
Pros	Sthetics/ PRISON HEALTH HEALTH HEALTH HEALTH SERVICES NCORPORATED PROGRESS NOTES  PRISON HEALTH HEAL
	PROGRESS NOTES
Date/Time	Inmate's Name: Charles, Hicks, D.O.B.: 1102161
11/3/06	It seen for walnution for dialetic phose mainsute
	It is newopathis Statetic and for extremely smal
	one entremity. It in need of dialectic phoes
	The probled newropathie flet and perfect grand
	to also myld of water mold a ywest any
	The she give weight of portient of m seed of
	when approved
	The state of the s
	1



Date/Time	Inmate's Name: Hicks Charles BM246241 D.O.B.: 11/2/61
11/1/06	2096 Pai. Eral see 11/6/00 sickcall vot 280 T-98 P-10 Pr-20 025at 98/18/162/102)
11/06	M. Menous dorplan C) for Plann
	DE Elevated the leas frequent
	D'Continue voire Support Stocking,
	(3) Cent. 3 No prolonged Standing
	M. B. Pt. is dialette del.
	RAR
0111 (5/85)	Co. hts Both Class But a little of the control of t

Case 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 45 of 177

Orthopedic (Diabetic Prison HEALTH SERVICES BICORPORATED

AIS# 246241

Date/Time	Inmate's Name: Char le	5 Hicks	D.O.B.: / /
12/13/06		inclused his of	ialetic shoe
	and custom mil	ded foot off	- othotis. Intri
	donning demonstry	ted good lit an	
annudation to the first the same of the sa	Support by mide	ighted compart.	matrueted
	ent julaning sche	dule of 1/2 days	someon for
	first 3 days, ther	y full days me	ear. grythuly
4	to inspect flet day	ly for alwasion	mo to
	discontinuely motor	4	
	· · · · · · · · · · · · · · · · · · ·	1	
			7-20-1
		t 10/	10502
	7 / 00		



Date/Time	Inmate's Name: Hicks Charles 24624 D.O.B.: 11/2/6/
12-19-06	Roturn from PWA - T 98, Ossat 9790 P78
3:45Pm	R20, B/P 12/19
	Flu Flu Hx renous insuff qual by
	Dr Wyte. Ric Full length stocking
	ul 20-30 mm Hg, Repent doppler ul
	SAPPEROLIS VEIN REFLUX EURAP.
	PIEM discussion wy Pt
	will school Flu there on 2-4 mks
	Flu UM & Roccupt of Stocking & AB
	oranged appearant edone st putting
	HN
	Various MusuFP
	Plane
	C Report Dother - South var start
	am Dark
	3 stockings full wights ordered
<u> </u>	Beluten (no
	of the
60111 (5/85)	plate Both Sides Before Using Another S

Date/Time	Inmate's Name: 41:045, Chocles 246241 D.O.B.: 11 / 2/6
1-3-07	5." my lag was hurtey a little bit
8:45Am	Part moultin
0' 12 (1)(1)	last night 1) 0-T99,8,0250+9790, P&, R20, B,P 1380 Atox3
	Rosp. 2 sass + montolered, walks a unabady
	gait à usa of care
	P-more to see mo - Stagens
	P- (MOU 300 BOO IND - 3) 1000000
	S. J. Lude Wenner Jomby (I) A
	leg (Repeat) it was storment
	A. Still has information welling.
	He is aring Support Stockings.
	M. ded recepe diabetic strees
	Neuro patters).
	(E) leg Swelly
	& Disclaration of Chun;
	& Calf tendences
	m/ Delivorie Venous monfficien
	Cont - curent Xx
	To do Pt. their bas do is
	Chronic - I'll see if Dr. Cestife
	who I referred A. to hay any
	puette recommendatoons
	PT may be of help in the future.  D 4 TWO Stable B WENDON
	DHTWISFUL B) WENDON
	100
	Morby



Date/Time	Inmate's Name: Hicks Charles 246241 D.O.B.: 11/2/61
1-23-07	Return from FWA re: Elig - papouvair in jackot - T98.3, Ozat 9790, P64, R18, BJP 1984 — S. Taylardo
- Ipm	in jeckot - T98.2, 025at 990, P69, R18,
	B/P 1284 S. Taylorufu
	office. He did not have this support 5 tockings in place.
	office. He did not have this support
	Stocking in place.
	Reviewed bishic & other lebs.  Bone Churchol NOP (He has mussed Some AM doses).
	Time Churchol MOP (He has missed
	Some AM doses).
	- Discursed Chromister of Manne
	neuffrieres.
	- Use support Stocking faithfully
	FW in 2 mostles
	- $        -$
	A Sold
60111 (5/85)	molete Dath Cides Refore Helm Anathanti ha

Case Date/Time	2:07-cv 00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 49 of 177 Inmate's Name: Hicks Charles D.O.B.: 1/12 16
2-9-07	HCP: Re: Venous in sufficiently W+279 T-981 D.78
(35)	15-20 orsat 97% B/P 110/80 - 24
	To comes for the of Chronic local
	also dialette.
	te is not wearing his senset
	- Avetimes consortantly
	- On Erres
	Dora la pulse III / /
	and the second of the second o
	Ren
	In prost Stocking (2)
	continue o current mys
	AD (IX
3/3067	V/
1615	Pt. Clo Numbress to D Arm on 3/2967
	his chart ) & 90 SOB or CP, LINSUPE if
	ony injury. Asymptomatic duraine nurses
	Screening. Asymptomatic dureing nurse's  Screening. Ph if any more symptoms.  Never som patient.  87-18 BP 128
19/07	Never SAW patient.
1 1101	1 1 1 1 1 1 1 1 1 1 1 2 3 3 3 3 3 3 3 3



	LIOGUES MOTES	
Date/Time Inma	ote's Name: Hides Charles	
4/1960	Pt. Nearest C n. C.	D.O.B.: / /
0935	Pt. Neguests profiles for	Chronic
	of coma since a	1982 A CPAY SAI
	OCE rotal à trace/	+/ edema .
	two Calt Cendenness	amb. T
	erase: Le is a	Lot hen a inc
	NIS Support Hock	ines
	1) Chronic OLE educe	3
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	of prolinged shuling	/BBP - OK
	cont present meds	
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	E: De ph	1.
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The state of the s	ceived Stiding scale record. BS = 200	· hunades Comunica
500	my ipo Bus & Stondard Sliding scale	E formul non and
20 2 T	mon No 5/ P )	Dening Co. P
(n)	mon. No s/s of distress	RSV2
elt and	a received lounity of the	
H20	×3. Ambulator V/5 9/0/	amulih R SQ,
P10	2, R18, T97, 7, BP 120/82	Ja on romain
807 In	Mars Da 12 1 121	As lipping RN
300 Dave	A HOLL OF ONS POS	sendnoch
	Mres.	
(5/85)		
	plete Both Sides Before Using Another Si	

1 man



Date/Time	Inmate's Name: D.O.B.: / /
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	Plan - Del mades nouverses of - DIC Holevaco Z to ULDI.
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	- Cost. (2020)
	- Monitor rena Lunchiem
	Artical donlar
	Conserved of the state of the s
	All in a few weeks.
	far into
	V
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Date/Time	Inmate's Name: Wicks, Charles D.O.B.: / /
(0.19-07	Inmate's Name: Nicks, Charles D.O.B.: 1 / DONNON. Slu WHONS T- 986 P. 70 R-20 025at 971, 124/90 — D.Bouran Was
95	025at 97% 124/90
	A. Comes for his report-Venous
	08 done on 6/7/07
	the impression was to tal overlying
***	A. Comes for his report-Venous  OS done on 6/7(0)  Ore impression was total overlation  Cro flow) in O boose text Suspended  orchesion B Poplital Artery & Atlantal
	occlasion B Rophiteal Asterio & Atlerial
	tracol (D) Call
	Å / .A
	N.B.
	M. Ges (471)
	Chronic honour insufficients  Distribution
	Establish demos
-	AIP Seese Dilat. PV
	Consider Angiogram VC
	gending A to Dr. Decht or
	other Viscolor Sugar
	- Mosemise medical there !
	- I courcellas H. & Apowered
	all his code shows
01.5	w.B. I obtained correct info. for a staining words. (The preformed previously given by Mwas incorred to the
otal Ne	thoras. ( the pretormed previous of yours of " )
	N.M. I will also detain Capacid doppler of
	I de chan dert crives Pt à risks
	DI PA



Date/Time	Inmate's Name: Hicks, Charles D.O.B.: 1/12 16/
1-3	Peturn from FWA C & complaints : 02 96 P84 R18
10-27-01	DIP 145/85 1 98.5
6-27-07	VIS-BIP1499 T.985 PLOS OSSAT98/1 R18. Ø Complaints
	voiced at this present time.
	A had CT Angiorner of Red/Reling
	& Remineral Sunte
	Results pending.
	Results pending. EKG One was NSR.
	ful ale

Maria and the second	
Date/Time	Inmate's Name: Holes Charles 2462410.0.B.: 1/ 12 161
7/3/07	To tepre: Angiogram WT279 T 98.0 P72
120Am	Inmate's Name: Hills Charles 2462410.0.B.: 11 12 161 To Herre: Angiogram WT279 T 98.0 P 72 R 20 0544 97% B/P 114/88 - WHONGER
	A, intermed that Mill CT Anguarran
	were all rooms
	Borner al lin partie
	Mecause of his pardio ascular
	work-up. UM was submitted. I did
	inform Pt. however that more
	extensive work up many not be needed
	I reminded Klim that he down have
	vanous insufficiency
	life Hyle medition emphysized:
7.10	
1-24-1	SIP4-73 CRAP TO FW Serve PUDE Wt. 290
16 245 V/S	before in the recent recent from
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to super pap	Abd peling & people state & Normal
out the	Pt Shill heits in furth who copperated
article	(3) LE ed. Ook CV complaints, On lang, alded
	7. 455 X BP ST. NAD. Amb. w Case. HERN. B.
Persantin .	hysi CABB, Copisisson/a/rec. Aldi Be
ctory to	EXTO +1 DP/PT QUE W/ +2 pily pele el
mjocary le	+1 DP/PT @LKW +1 pith set
- free afor	Just ems
> . TKWILL C.	The CANA



		11 . /	1/ /		D.O.B.:	/ /
Date/Time	Inmate's Name:	Hicky (	harley,			
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	4/,	12/5/pide	hr			
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Filed 02/19/2008 Page 58 of 177 Case 2:07-cv-00668-MHT-CSC Document 22-3 Date/Time Inmate's Name: D.O.B.: Rao-P81-BP)



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NAME: Hicks, Charles D.	DIAGNOSIS (If Chg'd)  Dental retural DM
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NAME: Hicks, Charles SCC 24624	DIAGNOSIS (If Chg'd)
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Use Last Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
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NAME: Hills Charls 246241	DIAGNOSIS (If Chg'd)
D.O.B. 11/2/61 ALLERGIES: MINT	SUR
Use Second Date 8/14/07	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Froks Charles 246241	Diagnosis Desh Del Stocking en AM/off M x 1801 Ko
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# PRISON HEALTH SERVICES

Physician's Chronic Care Clinic

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Date:

10/25/2006

Patient:

Hicks, Charles

DOB:

11/2/1961

Physician: Tech:

P. Corbier, MD

Chart #:

Amy Waite, RT PAT000020360

Indication:

Left leg edema greater

than 5 years, painful

**SCAN:** Bilateral lower extremity Doppler ultrasound.

**TECHNIQUE:** Bilateral lower extremity venous Doppler was performed in the usual manner.

#### FINDINGS:

Right extremity: The patient had normal compression, augmentation and flow in the deep venous system of the right extremity.

Left extremity: The patient had calcifications and edema in the region of the left posterior tibial vein. There was normal compression, flow and augmentation of the deep venous system of the left extremity.

### **IMPRESSION:**

1. Exam negative for DVT in the right leg.

2. Scattered calcifications and edema surrounding the left posterior tibial vein. No thrombus was identified.

Thank you for this patient referral.

P. Kulback, MD

PK/bk

D:10/25/2006

T:10/26/2006

74240 Tallassee Hwy Wetumpka, AL 36092 Phone: 334-567-8383

Fax: 334-567-1880

7094 University Court Montgomery, AL 36117 Phone: 334-271-1345

Fax: 334-271-1342



www.mylml.org A Division at Ransom & Heart, Inc.





Date:

10/25/2006

Patient:

Hicks, Charles

DOB:

11/2/1961

Physician:

P. Corbier, MD

Tech:

Amy Waite, RT

Chart #: Indication: PAT000020360 Left leg edema greater

than 5 years, painful

SCAN: Bilateral lower extremity Doppler ultrasound.

TECHNIQUE: Bilateral lower extremity venous Doppler was performed in the usual manner.

### **FINDINGS**:

Right extremity: The patient had normal compression, augmentation and flow in the deep venous system of the right extremity.

Left extremity: The patient had calcifications and edema in the region of the left posterior tibial vein. There was normal compression, flow and augmentation of the deep venous system of the left extremity.

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P. Kulback, MD

PK/bk

D:10/25/2006

T:10/26/2006

74240 Tallassee Hwy Wetumpka, AL 36092 Phone: 334-567-8383

Fax: 334-567-1880

7094 University Court Montgomery, AL 36117 Phone: 334-271-1345

Fax: 334-271-1342



www.myimi.org A Division at Ransom & Hearl, inc.





Date:

01/02/07

Patient:

Hicks, Charles

DOB:

11/02/61

Physician:

W. Winfred, MD

**Staton Correctional Facility** 

Tech:

R. Meadows

Chart #:

PAT0000022843

Indication:

Possible DVT.

SCAN: Ultrasound of the bilateral lower extremity venous systems.

**TECHNIQUE**: Duplex ultrasound evaluation of the bilateral lower extremity venous systems was performed in the usual manner.

FINDINGS: The scan shows normal flow compression and augmentation. There is no evidence of DVT. Evaluation of the saphenous throughout its entire length was difficult due to the patient's body habitus.

**IMPRESSION:** No evidence of deep venous thrombosis in either lower extremity venous systèms.

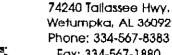
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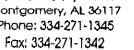
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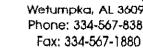
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D: 01/02/07 T: 01/02/07



A Division at Ronsom & Heart, Inc.







# SOUTH ATLANTA RADIOLOGY ASSECIATES, P.C.

P.O. Box 961930 119 Upper Riverdale Rd. Riverdale, GA 30296-1930

(770) 991-1010 Fax: (770) 997-8242

PT. :

Hicks, Charles

DOB:

11/02/1961

EXAM DATE: 06/07/2007

XRAY#: GD246241

SSN:

KKAM LOCATION: GLOBAL

U/s Global Diagnostics 2504 Beach Tree Ct SW Conyers, GA 30094

FAX: (770) 761-9742

PRONE: (770)602-0502

PROCEDURE(S) PERFORMED: Ultrasound Vanous Doppler - bilateral

BILATERAL LOWER EXTREMITY DUPLEX DOPPLER ARTERIAL

Findings: Duplex doppler evaluation of the left lower extremity arterial tree shows no evidence for flow within the common femoral artery, superficial femoral artery, popliteal artery, or arteries of the calf. The technologist reports a large amount of swelling and pain in the left lower extremity.

The right common femoral artery, superficial famoral artery, and popliteal artery are evaluated as well. No flow is detected in the right popliteal artery or in the arteries of the right calf whereas flow is documented to be present within the right common femoral artery and superficial femoral artery. Assessment for stenosis is difficult on this exam.

IMPRESSION: NO FLOW DETECTED IN THE LEFT LOWER EXTREMITY ARTERIAL TREE. SUSPECTED OCCLUSION IN THE RIGHT POPLITEAL ARTERY AND ARTERIAL TREE OF THE RIGHT CALF. PATENT RIGHT COMMON FEMORAL AND SUPERFICIAL FEMORAL ARTERY.

John B. Black, M.D.
Signature on file
DATE/TIME GENERATED: 06/18/2007 / 11:20:24
TECH/TRANS: OT/sw

PC



# SOUTH ATLANTA RADIOLOGY ASSOCIATES, P.C.

P.O. Box 96 1930 119 Upper Riverdale Rd. Riverdale, GA 30296-1930

(770) 991-1010 Fax: (770) 997-8242

PT. t

Kicks, Charles

EOG

11/02/1961

EXAM DATE: 06/07/2007

XRAY#: GD246241

SSN:

HIAN LOCATION: GLOBAL

U/s Global Diagnostics 2504 Beech Tree Ct SW Conyers, GA 30094

FAX: (770)761-9742

PHONE: (770) 602-0502

PROCEDURE(S) PERFORMED: Ultrasound Venous Doppler - bilateral

BILATERAL LOWER EXTREMITY DUPLEX DOPPLER ARTERIAL

Findings: Duplex doppler evaluation of the left lower extremity arterial tree shows no evidence for flow within the common femoral artery, superficial femoral artery, popliteal artery, or arteries of the calf. The technologist reports a large amount of swelling and pain in the left lower extremity.

The right common femoral artery, superficial femoral artery, and popliteal artery are evaluated as well. No flow is detected in the right popliteal artery or in the arteries of the right calf whereas flow is documented to be present within the right common femoral artery and superficial femoral artery. Assessment for stemosis is difficult on this exam.

IMPRESSION: NO FLOW DETECTED IN THE LEFT LOWER EXTREMITY ARTERIAL TREE. SUSPECTED OCCLUSION IN THE RIGHT POPLITEAL ARTERY AND ARTERIAL TREE OF THE RIGHT CALF. PATENT RIGHT COMMON FEMORAL AND SUPERFICIAL FEMORAL ARTERY.

John B. Black, M.D.

Signature on file

DATE/TIME GENERATED: 06/15/2007 / 16:46:52

TECH/TRANS: OT/SW

ase 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 71 of 177 BioReference STATON CORR. FACILITY O C T 2690 MARION SPILLWAY RD. ELMORE, AL 36025 R Bio-Net Print Original Report 06/23/2007 PATIENT I.D. / ROOM NO. DOCTOR / GROUP NAME HICKS, CHARLES 246241.2968 CORBIER, PAUL; LAB I.D. NO. DATE COLLECTED DATE RECEIVED DATE OF REPORT SEX  $\phi 6/22/2007$  11:09 AM  $\phi 6/23/2007$  11:06 6 $\psi 23/2007$  01:35 3 $\psi$  Y 104909396 Test Description Result Abnormal Reference Range Tests Ordered : CHEMISTRY 8, , Comment : FASTING SCC ----\* CHEMISTRY \*---Glucose 108 70-109 mq/dL Sodium 139 133-145 mmol/L Potassium 4.4 3.3-5.3 mmol/L Chloride 102 96-108 mmol/L CO2 25 21-29 mmol/L BUN 15 7-25 mg/dl \* Creatinine 1.3 0.6 - 1.3mg/dl BUN/Creat Ratio 11.5 10-28 Calcium 9.6 8.4-10.4 mg/dl \* GFR, Estimated = 65.10 mL/min/1.73m2\* Final Report Page: 1

James Weisberger, M.D.

BioReference

Document 22-3 Filed 02/19/2008

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KILBY CORR. FACILITY 12201 WARES FERRY RD. BOOK/CASE: С MONTGOMERY, AL 36507 Т O -FINAL- Original Report 07/26/2007 (A0110-0) Bio-Net Print PATIENT I.D. / ROOM NO. DOCTOR / GROUP NAME 246241.8723 HICKS, CHARLES MAHOOD, MEGAN DATE RECEIVED DATE COLLECTED DATE OF REPORT 105335260 07/25/2007 06:08 AM|07/26/2007 09:58 7/26/2007 04:12 45 Y

Result Test Description Abnormal Reference Range Tests Ordered : DIAGNOSTIC PROFILE II, , -----\* CHEMISTRY \*-----Total Protein 7.4 5.9 - 8.4gm/dl Albumin 4.2 3.2 - 5.2gm/dl Globulin 3.2 1.7 - 3.7gm/dL A/G Ratio Glucose ma/dL Sodium 133-145 140 mmol/L Potassium 4.2 3.3 - 5.3mmol/L Chloride 106 96-108 mmol/L 20 LO CO2 21-29 mmol/L BUN 7-25 mg/dl 13 \* Creatinine mq/dl 1.2 0.6 - 1.3BUN/Creat Ratio 10.8 10 - 28Calcium 9.2 8.4 - 10.4mq/dl Uric Acid 5.0 2.4 - 7.0mg/dl 73 mcg/dl Iron 30-160 Bilirubin, Total 0.2 mg/dl 0.1 - 1.0LDH 216 94-250 u/1 Alk Phos 70 39-120 u/1AST (SGOT) 36 < 37 u/1 2.6-4.5 Phosphorous 3.9 mq/dl ALT (SGPT) < 40 u/L G-GTP \* GFR, Estimated = 69.35 mL/min/1.73m2 \* -----\* CARDIOVASCULAR/LIPIDS \*------

196

113 26 3.84

123 HI

0-3.55

< 200

< 151

< 100

mg/dL

mq/dl

mq/dl

mg/dl

Continued on Newty Page

Page: 481 EDWARD H. ROSS DR. ELMWOOD PARK, NJ 07407 1-800-229-LABS 4255 Rev 1/05

James Welsberger, M.D. LABORATORY DIRECTOR

Cholesterol

Triglycerides

Chol/HDL Ratio

LDL/HDL Ratio

LDL Cholesterol

HDL CHOL., DIRECT

HDL as % of Cholesterol

Case 2:07-cv-00668-MHT-CSC
BioReference

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С

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KILBY CORR. FACILITY 12201 WARES FERRY RD. MONTGOMERY, AL 36507

BOOK/CASE:

R (A0110-0) Bio-Net Print	-FTNAL- (	Original Report 07/26/2007
NAME	PATIENT I.D. / ROOM NO.	DOCTOR / GROUP NAME

HICKS, CHARLES 246241.8723 MAHOOD, MEGAN
LABID NO. DATE COLLECTED DATE RECEIVED DATE OF REPORT AGE

DATE COLLECTED DATE RECEIVED DATE OF REPORT AGE SEX M 07/25/2007 06:08 AM 07/26/2007 09:58 7/26/2007 04:12 45 Y M

Test Description	Result	Abnormal	Referenc	e Range
<u> </u>		* * *	-	
WBC	3.5	3	40-11.80	x10(3)
RBC	4.7	4.	20-5.90	x10(6)
HGB	13.1	12	2.3-17.0	gm/dl
HCT	42.0	3.9	9.3-52.5	90
MCV	89.4		0.0-100.0	FL
MCH	27.9		5.0-34.1	pg
MCHC	31.2		0.0-35.0	gm/dl
RDW	15.1	·	0.9-16.9	8
POLYS	39		5-78	000 00
POLYS - COUNT, ABS	1365		224-9204	•
LYMPHS	42		2-48	%
LYMPHS - COUNT, ABS	1470		8-5664	J
OS	5	0 -		용
OS - COUNT, ABS	175	the state of the s	-944	
BASOS	1	0'-		ે
BASOS - COUNT, ABS	35		·236	Ū
MONOS	13		13	9
MONOS - COUNT, ABS	455		0-1416	•
Platelet Count	224		4-400	x10(3)
	* MISCELLANEOUS			XIO(3)
		•		
rsh	1.230	0.	27-4.2 uIU,	/mT.

TSH	1.230	0.27-4.2 uIU/mL
THYROXINE (T4)	7.6	4.5-12.0 ug/dL
T3 UPTAKE	31.4	24.3-39.0%
FREE T4 INDEX	2.4	1.1-4.5
***********	**********	

NOTE: One or more parameters of the CBC reported for this accession require a MANUAL peripheral smear differential review and/or cell count. This has been performed as per our protocol and commented on the report, if necessary. This review also included RBC morphology and platelet estimation.

Final Report

apre 81

Page: 2

James Weisberger, M.D.

MB



kiver ke In Cardiology

114 Mitylene Park Lane Montgomery, AL 36117 334-387-0948 334-387-0955 Fax M. Luqman Ahmed, MD, FACC Pervaiz Malik, MD, FACC, FSCAI Ann Lawford, CRNP Laura Rue, CRNP Michele Jorstad, CRNP Jimmy Norman, CPA, CMPE - Administrator

PATIENT: Charles Hicks

DOB: 11/02/1961

DATE: 06/28/2007 CHART NO.: 17634

PRIMARY PHYSICIAN: Paul Corbier, MD

REQUESTING PHYSICIAN: Paul Corbier, MD

INDICATION FOR STUDY: Peripheral vascular disease, edema.

### PERSANTINE STRESS TEST REPORT

After appropriate consent was obtained, the patient was brought to the Nuclear Medicine Department. Then a total of 60 mg. of Persantine were given IV. Patient experienced no chest pain, no shortness of breath. Baseline EKG showed normal sinus rhythm, normal tracing. This EKG tracing remained unchanged during this injection of Persantine as well as during the recovery phase. Maximum systolic blood pressure was 150 mmHg. Maximum diastolic blood pressure was 93 mmHg.

#### CONCLUSION:

1. This is a negative Persantine stress test for pharmacological-induced ischemia.

2. Myoview SPECT scan images are pending.

Carlos Garçia, MD, FACC

CG/slf

P 39

(continued)

PATIENT: Charles Hicks CHART NO.: 17634 DATE: 06/28/2007 PAGE TWO

## **DUAL ISOTOPE NUCLEAR SCAN**

Resting images were acquired after injecting the patient with 4.50 mCi of Thallium 201. Resting images show uniform uptake by all segments except the inferior wall, which shows a partial defect.

Post stress images were acquired after giving the patient 60 mg. of Persantine and then injecting him with 28.6 mCi of Te99 Myoview. Post stress images once again show uniform uptake by all segments except the basal and mid-inferior wall and a small defect in the distal inferior wall.

A gated analysis shows uniform augmentation of all myocardial segments except the very basal inferior wall, which in vertical long-axis views shows some thinning.

#### CONCLUSION:

- 1. A fixed defect is noted involving the basal and mid-inferior wall particularly, which would suggest a scar from a previous myocardial infarction. Note that the very basal segments also show slight thinning suggesting this may be a true finding. We did not identify any reversible defects to suggest ischemia.
- 2. Normal wall motion of all segments except the basal inferior wall which shows thinning.

3. An ejection fraction of 64%.

Pervaiz Malik, MD, FACC, FSCAI

PM/slf

CC: Dr. Paul Corbier

DD: 6/29/07 DT: 7/02/07 R



Date:

06/28/2007

Patient:

HICKS, CHARLES

DOB:

11/02/1961 Physician: Dr. Corbier

Tech:

Charlie Irwin, III, RT (R) (CT)

Chart #:

**PAT0000** 

Tape:

Indication: Severe peripheral vascular disease.

History of diabetes. Possible occlusion

right lower extremity.

SCAN: CTA ABDOMEN AND PELVIS WITH RUNOFF

**CONTRAST:** 100 mL Visipaque 320.

TECHNIQUE: Following contrast administration, computed axial tomographic images were obtained from the abdomen to the feet. 3-D CT angiogram images are reviewed.

#### FINDINGS:

The caliber of the abdominal aorta is normal. The celiac, superior mesenteric, inferior mesenteric, and bilateral renal arteries are patent. The internal and external iliac arteries and common and superficial femoral arteries and popliteal arteries are patent. The posterior tibial arteries also are patent to the feet bilaterally and the peroneal arteries are visualized to the ankles. The anterior tibial arteries are seen to the level of the mid-legs. There is subcutaneous edema noted involving the left leg and ankle.

The gallbladder is present. The bile ducts are not dilated. The liver and spleen are of normal size and density. The pancreas, kidneys, and adrenal glands are unremarkable.

#### IMPRESSION:

Patent arterial circulation to the lower extremities bilaterally from the aorta to the trifurcation arteries with at least two-vessel runoff to the ankles bilaterally (posterior tibial and peroneal arteries.)

GW/ks

Dict:

06/28/2007

Trans:

06/29/2007

Job#:

190909



Fax: 334-271-1342



Date:

06/28/2007

Patient:

HICKS, CHARLES

DOB:

11/02/1961 Physician: Dr. Corbier

Tech:

Charlie Irwin, III, RT (R) (CT)

Chart #:

PAT0000

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referred Provider

Patent arterial circulation to the lower extremities bilaterally from the aorta to the trifurcation arteries with at least two-vessel runoff to the ankles bilaterally (posterior tibial and peroneal arteries.)

**GEORGE WAKEFIELD, M.D.** 

GW/ks

Dict:

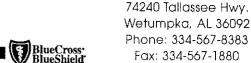
06/28/2007

Trans:

06/29/2007

Job#:

190909



Fax: 334-271-1342







Date:

06/28/2007

Patient:

HICKS, CHARLES

DOB:

11/02/1961

Physician: Dr. Corbier Tech: Charlie Irwi

Charlie Irwin, III, RT (R) (CT)

Chart #:

PAT0000

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Indication: Severe peripheral vascular disease.

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GEORGE WAKEFIELD, M.D.

GW/ks

Dict:

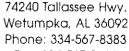
06/28/2007

Trans:

06/29/2007

Job#:

190909







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NAME

KILBY CORR. FACILITY 12201 WARES FERRY RD. MONTGOMERY, AL 36507

BOOK/CASE:

-FINAL-Original Report 08/10/2007 (A0110-0) Bio-Net Print

246241.9316 MAHOOD, MEGAN HICKS, CHARLES

DATE OF REPORT DATE RECEIVED DATE COLLECTED 08/08/2007 08:48 AM 08/09/2007 09:51 B/10/2007 02:22 105288923 45 Y

Result Abnormal Reference Range Test Description

Tests Ordered : HEPATITIS SCREEN, HEPATITIS C ANTIBODY, HEPATIC PROFILE, ,

Comment :

James Weisberger, M.D.

LABORATORY DIRECTOR

ACWR

-----\* CHEMISTRY \*-------

		· · · · · · · · · · · · · · · · · · ·	and the second s
Total Protein	7.7	5.9-8.4	gm/dl
Albumin	4.2	3.2-5.2	gm/dl
Globulin	3.5	1.7-3.7	gm/dL
A/G Ratio	1.2	1.1-2.9	
Bilirubin, Total	0.3	0.1-1.0	mg/dl
BILIRUBIN, DIRECT	0.1	0.0-0.3	$\mathtt{MG}/\mathtt{DL}$
Alk Phos	64	39-120	u/1
AST (SGOT)	16	< 37	u/1
ALT (SGPT)	36	< 40	$\mathtt{u}/\mathtt{L}$
	* MISCELLANEOUS	*	

HEPATITIS A AB/TOTAL Negative NEGATIVE Negative NEGĀTIVE **HBcAB** Negative HBsAq Negative HEPATITIS C Ab. \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

NOTE: Results for Hepatitis C Virus Antibody (test# 0812), when reported as positive indicates the presence of significant antibody levels (defined as a signal to cutoff ratio [s/co] of greater than 8.0). Sera with a high s/co ratio will confirm positive in >95% of cases, however <5% of results reported as positive may be falsepositives. Additional serologic testing is available for patients whose anti-HCV result is inconsistent with clinical findings. Results that are considered borderline will be automatically reflexed for RIBA (immunoblot) analysis and reported accordingly. Results reported as indeterminate by RIBA indicate the presence of only one of the required protein bands or is reactive with multiple bands including control protein indicative of reactivity with irrelevant recombinant sequences.

Continued on Next Page



BioReference

KILBY CORR. FACILITY 12201 WARES FERRY RD. MONTGOMERY, AL 36507

BOOK/CASE:

Bio-Net Print (A0110-0)

-FINAL-Original Report 08/10/2007

PATIENT I.D. / ROOM NO.

DOCTOR / GROUP NAME

HICKS, CHARLES

246241.9316

MAHOOD, MEGAN

LAB I.D. NO. 105288923

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NAME

DATE COLLECTED

DATE RECEIVED 08/08/2007 08:48 AM 08/09/2007 09:51 \$/10/2007 02:22

DATE OF REPORT

SEX 45 Y

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Test Description

Result

Abnormal

Reference Range

\* NOTE: The test(s) requested require serum that has been separated from the cells. We received either an un-spun SST (serum separator tube)

or a plain RED-TOP tube unacceptable for routine chemistry testing. Any results obtained on serum not properly separated will produce

results which must be carefully evaluated.

Final Report

Case 2:07-cv-00668-MHT-CSC  S m a r t S h e  2005 - Imaging  Venografi		Page 81 of 177 Authorization#
PATIENT: Name Charles Hichs D.O.B. 11/3/61	10# 246241	GROUP#
CPT/ICD: Code Facility States n	Service Date	CATOOT N
PROVIDER: Name DV. Parul Corbins	ID#	Phone#
Signature Paul Corbier.	Date	. 13101
CD-9-CM: 88.60, 88.66, 88.67 CPT: 75820, 75822		The state of the s
MDICATIONS (choose one and see below)   100 Suspected lower extremity DVT   290 Suspected upper extremity DVT   300 Evaluation of venous patency   400 Preoperative evaluation of varicosities   500 Mapping of the venous system prior to bypass surgery   Indication Not Listed (Provide clinical justification below)		
100 Suspected lower extremity DVT(BOTH)	The state of the s	
☐ 110 Sx/findings(TWO) ☐ 111 Pain/tenderness in thigh/calf/ankle ☐ 112 Edema/swelling in thigh/calf/ankle ☐ 113 Homan's sign positive ☐ 114 D-dimer assay positive ☐ 115 High-risk for DVT ☐ 120 Duplex US(ONE) ☐ 121 Nondiagnostic for lower extremity DVT ☐ 122 Not feasible		
200 Suspected upper extremity DVT(BOTH)  210 Sx/findings(TWO)  211 Pain/tenderness in arm/forearm  212 Edema/swelling in arm/forearm  213 D-dimer assay positive  220 Duplex US(ONE)  221 Nondiagnostic for upper extremity DVT  222 Not feasible		
300 Evaluation of venous patency(BOTH)  310 New Sx/findings  320 Post vascular reconstruction/angioplasty/thrombolysis		

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400 Preoperative evaluation of varicosities



<sup>\*</sup>InterQual® criteria are intended solely for use as screening guidelines with respect to the medical appropriateness of healthcare services and not for final clinical or payment determinations concerning the type or level of medical care provided, or proposed to be provided, to a patient.



# DEPARTMENT OF CORRECTIONS

DATE: 8-14-7
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AVITY 1.05
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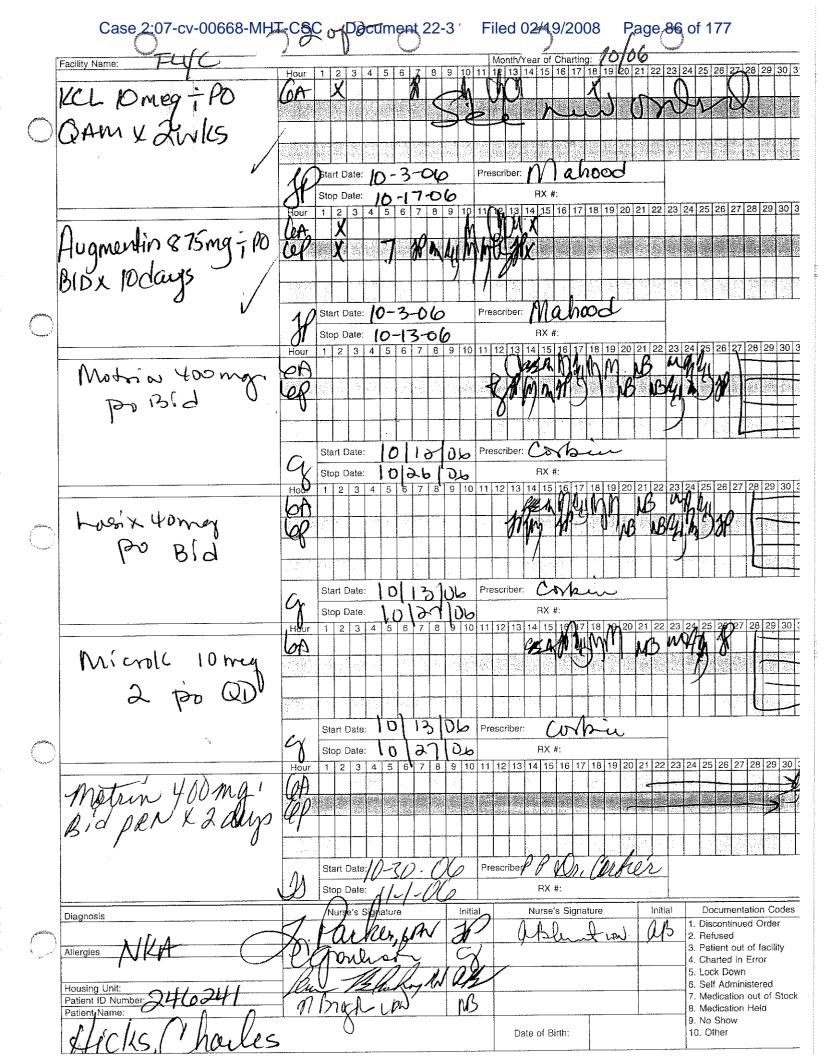
INMATE NAME (LAST, FIRST, MIDDLE)				
	DOC#	DOB	RACE/SEX	FAC.
LITICKS Charles	246241		M	AEWR

Case 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 83 of 177 Facility Name: Jefferson County Jall Month/Year of Charting: | Month/Year of Charting: 05/06 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 3 Vasotec 10MG Tab 30.00 Take 1 tablet(s) by mouth daily Start Date: 11-12-2005 Prescriber: Banu, Shirin Stop Date: 11-11-2006 RX #: 250875681 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Glucophage 500MG Tab 30.00 Take 1 tablet(s) by mouth every morning Start Date: 11-29-2005 Prescriber: Banu, Shirin Stop Date: 05-27-2006 RX #: 250921345 Hour 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 <u>1</u>3000 Clonidine HCI 0.3MG Tab 60,00 Take 1 tablet(s) by mouth twice daily 2010 Start Date: 04-18-2006 Prescriber: Banu, Shirin Stop Date: 05-17-2006 RX #: 251413207 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Hour Lasix 40MG Tab 30.00 Take 1 tablet(s) by mouth daily Start Date: 04-18-2006 Prescriber: Banu, Shirin Stop Date: 06-16-2006 RX #: 251413203 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Hour Potassium Chloride CR 10MEQ Tab CR 60.00 Take 2 tablet(s) by mouth daily Start Date: 04-18-2006 Prescriber: Banu, Shirin Stop Date: 05-17-2006 RX #: 251413211 Hour 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Vasotes 10 mg ወንረስ Start Date: Prescriber: Stop Date: 6/1/06 RX #: Diagnosis Initial Nurse's Signature Initial Documentation Codes 1. Discontinued Order 2. Refused Allergies 3. Patient out of facility 4. Charted in Error 5. Lock Down C+ #11 Housing Unit: 6. Self Administered Patient ID Number: 199225 7. Medication out of Stock Patient Name: 8. Medication Held Hicks, Charles 9. No Show Date of Birth;

10. Other

Case 2:07-cv-00668-MHT-CSC Filed 02/19/2008 Page 84 of 177 Document 22-3 Facility Name Month/Year of Charting 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 VAsotec long PO BID X 30 days 2000 Prescriber: Stop Date: 6 2 06 RX #:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Hour Vasotec long I dose 1410 Now 5/4/06 Banu Thomes 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 9 20 21 22 23 24 25 26 27 28 29 30 31 Hour VASotec Zong Q Am X 30 days 0700 P 30 4, 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 VASOtec 10mg DO Q HS X30 days 2000 5/4/06 Prescriber: 6 2 1/6 RX#:
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Start Date: Prescriber: Stop Date: RX #: Hour 1 2 3 4 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 VASotec 10 mg POXIdose Start Date: 6 13 10 6 Prescriber: Stop Date: Diagnosis Nurse's Signature initial Nurse's Signature Initial Documentation Codes 1. Discontinued Order 2. Refused Allergies 3. Patient out of facility NKA 4. Charted in Error Housing Unit: 6AU Patient ID Number: 199225 5. Lock Down 6. Self Administered 7. Medication out of Stock Patient Name: 8. Medication Held 9. No Show Hicke Charles 11 2 6, 10. Other Date of Birth

Case 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 85 of 177 Charling: 10/06 16 17 18 19 20 21 22 23 24 Month/Year of Charting: Facility Name: Frank Lee Youth Center 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 30.00 Aspirin EC 325MG EC Tab Take 1 tablet(s) by mouth daily Start Date: 09-22-2006 Stop Date: 11-17-2006 RX #: 251540568 17 18 19 20 21 22 23 24 25 26 27 28 29 3 Glipizide 10MG Tab 30.00 Take 1 tablet(s) by mouth daily Prescriber: Lassiter, L. Start Date: 05-22-2006 RX #: 251540569 11-17-2006 Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Lovastatin 40MG Tab 15.00 Take one-half (1/2) tablet(s) by mouth daily 1 Start Date: 05-22-2006 Prescriber: Lassiter, L. RX #: 251540573 Stop Date: 11-17-2006 1 2 3 14 15 16 17 18 19 20 21 22 23 Hour 4 5 6 OPT Hydrochlorothiazide (for HCTZ) 25MG Tab 30.00 Take 1 tablet(s) by mouth daily Start Date: 09-15-2006 Prescriber: Corbier, Paul 251941057 12-13-2006 Stop Date: Lisinopril 20MG Tab 60.00 Take 1 tablet(s) by mouth twice daily Start Date: **09-15-2006** Corbier, Paul Stop Date: 12-13-2006 251941064 RX #: 14 15 16 17 18 19 20 21 22 23 24 asix Young POQAM Mahoon Prescriber: Start Date: Documentation Codes Diagnosis 1. Discontinued Order 2. Refused Patient out of facility 4. Charted in Error 5. Lock Down **Population** 6. Self Administered Housing Unit: 246241 7. Medication out of Stock Patient ID Number: 8. Medication Held Patient Name: 9. No Show Hicks, Charles Date of Birth: 10. Other



Case 2:07-cv-00668-MHT-C\$C Page 87 of 177 Document 22-3 Filed 02/49/2008 Month/Year of Charting: | Month/Year of Charling: 11/06 | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 3 Facility Name: Frank Lee Youth Center 30.00 Aspirin EC 325MG EC Tab Take 1 tablet(s) by mouth daily Start Date: 05-22-2006 Prescriber: Lassiter, L. RX #: 251540568 Stop Date: 11-17-2006 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Glipizide 10MG Tab 30.00 Take 1 tablet(s) by mouth daily Prescriber: Lassiter, L. Start Date: 05-22-2006 RX #: 251540569 Stop Date: 11-17-2006 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Lovastatin 40MG Tab 15.00 Take one-half (1/2) tablet(s) by mouth daily Prescriber: Lassiter, L. Start Date: 05-22-2006 RX #: 251540573 Stop Date: 11-17-2006 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Hydrochlorothiazide (for HCTZ) 25MG 30.00 Tab Take 1 tablet(s) by mouth daily Start Date: 09-15-2006 Corbier, Paul RX #: 251941057 Stop Date: 12-13-2006 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Lisinopril 20MG Tab 60.00 Take 1 tablet(s) by mouth twice daily Prescriber: Start Date: 09-15-2006 Corbier, Paul RX #: 251941064 Stop Date: 12-13-2006 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 motion young BID X 2 days per Start Date: Stop Date: Documentation Codes Diagnosis Discontinued Order 2. Refused 3. Patient out of facility Allergies 4. Charted in Error NKA 5. Lock Down Population Self Administered Housing Unit: Patient ID Number: 246241 7. Medication out of Stock 8. Medication Held Patient Name: 9. No Show Hicks, Charles Date of Birth: 10. Other

	Case 2:07-cv-00668-MHT	-CSC Degment 22-3	Filed 02/19/2008	Page 88 of 173 + 3
F	acility Name:	Hour 1 2 3 4 5 6 7 8 9 1	Month/1 ear of Charting:     0   11   12   13   14   15   16   17   18   19	
politica.	ASA 81 mg po	OB Ammin	CA M	A BU DOUBLA
	QD		Prescriber:	
	KOP	Start Date: 11 3 06 Stop Date: 2 13 06	RX #:	
-		Hour 1 2 3 4 5 6 7 8 9 1	10 11 12 13 14 15 16 17 18 19	20 21 22 23 24 25 26 27 28 29 30 5
	A+ Dointment	Charles II		
	rap			
	NU	Start Date: 11 3 06 Stop Date: 2 3 07	Prescriber: W///mms	<u>S</u>
			10 11 12 13 14 15 16 17 18 19	20 21 22 23 24 25 26 27 28 29 30 E
	Aldaetone 50mg + po QD x 90 days	64m		
	•	Size Data and a last	Prescriber: Carral are	
		Start Date: 11/7/06 Stop Date: 2/7/07	Prescriber: Corbier  RX #:	
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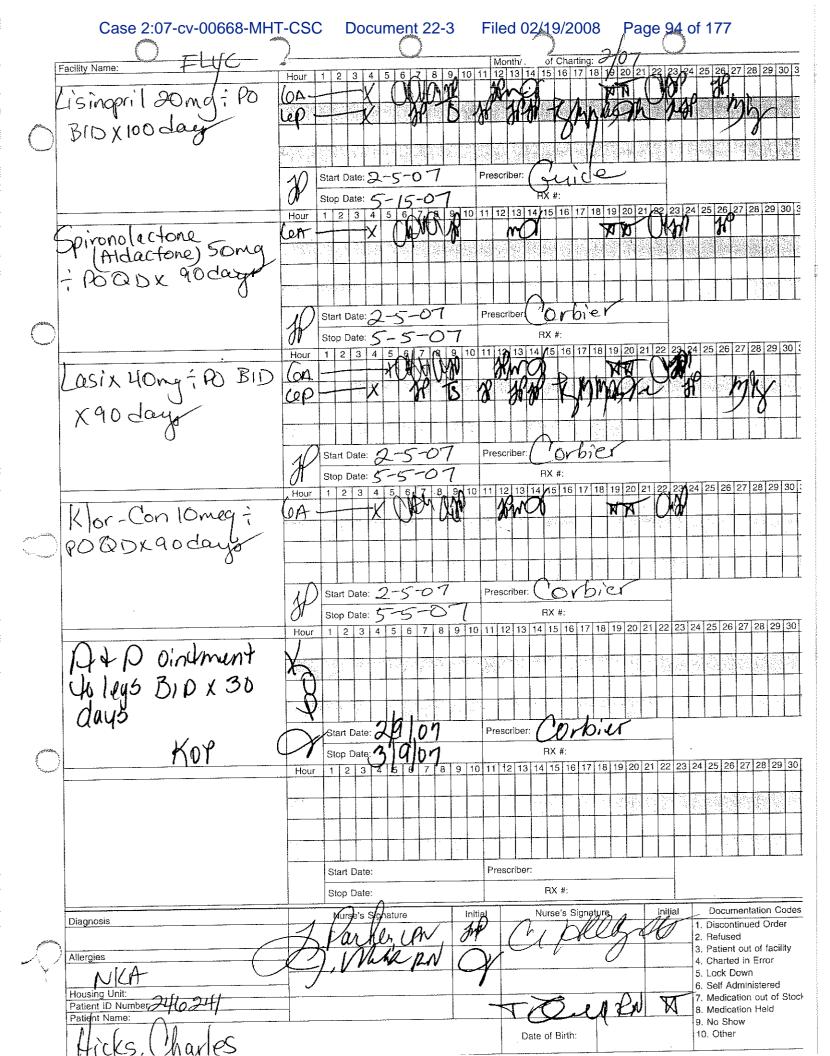
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Case 2:07-cv-00668-MHT-CSC Filed 02/19/2008 Page 90 of 177 Document 22-3 Month/ agar of Charting: Facility Name: 11 12 13 14 15 16 17 18 19 25 26 27 28 29 30 3 Prescriber: Start Date: 21 Stop Date: 6 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 2 3 8 Hour Glipizia long Prescriber: صاه 131 14 15 16 17 18 19 2 Hour review 40 mg Start Date: Stop Date: 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 Hour Herz Ding po do Start Date: Stop Date: 13 14 15 16 17 18 19 20 21 22 23 24 Hour Kignopil dong Prescriber: Start Date: 0,0 RX 灯 Stop Date: 8 9 10 11 18 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 27 30 DO Prescriber: Start Date: Stop Date: ď Nurse's Signature Documentation Codes Initial Nurse's Signature Initial Diagnosis 1. Discontinued Order Refused 3. Patient out of facility Allergies 1/2/1/1 4. Charted in Error 5. Lock Down Self Administered Housing Unit: 7. Medication out of Stock Patient ID Number: 8. Medication Held Patient Name: 9, No Show 11/2/61 10. Other Date of Birth:

Filed 02/19/2008 Case 2:07-cv-00668-MHT-CSC Document 22-3 Page 91 of 177 | Month/Year of Charting: | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | V | 1 Facility Name: Hour 1 2 3 4 5 A + D windwork Start Date: Prescriber: صا٥ RX #: Stop Date: 0 21 22 23 24 25 26 27 28 29 30 ; 14 15 16 17 18 19 2 3 \_asix 40mg = po P10 X 600 days Start Date: 2 Ðb Prescriber: Courses 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Tylenol Est po BIDX 2 weeks Prescriber: Corbu Start Date: 2 (8 () RX #: 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 Stop Date: X 60 days 23 24 25 26 27 28 29 30 Start Date: 12-11-06 orbre Prescriber: -07 Stop Date: 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 - 11 Start Date: Prescriber: RX #: Stop Date: 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Hour Prescriber Start Date: RX #: Stop Date: Documentation Codes Initial Nurse's Signature Diagnosis Discontinued Order 2. Refused 3. Patient out of facility Charted in Error 5. Lock Down 6. Self Administered Housing Unit: 7. Medication out of Stoc Patient ID Number: 8. Medication Held Patient Name: 9. No Show 10/6/11 Lieles, Charles Date of Birth: 10. Other

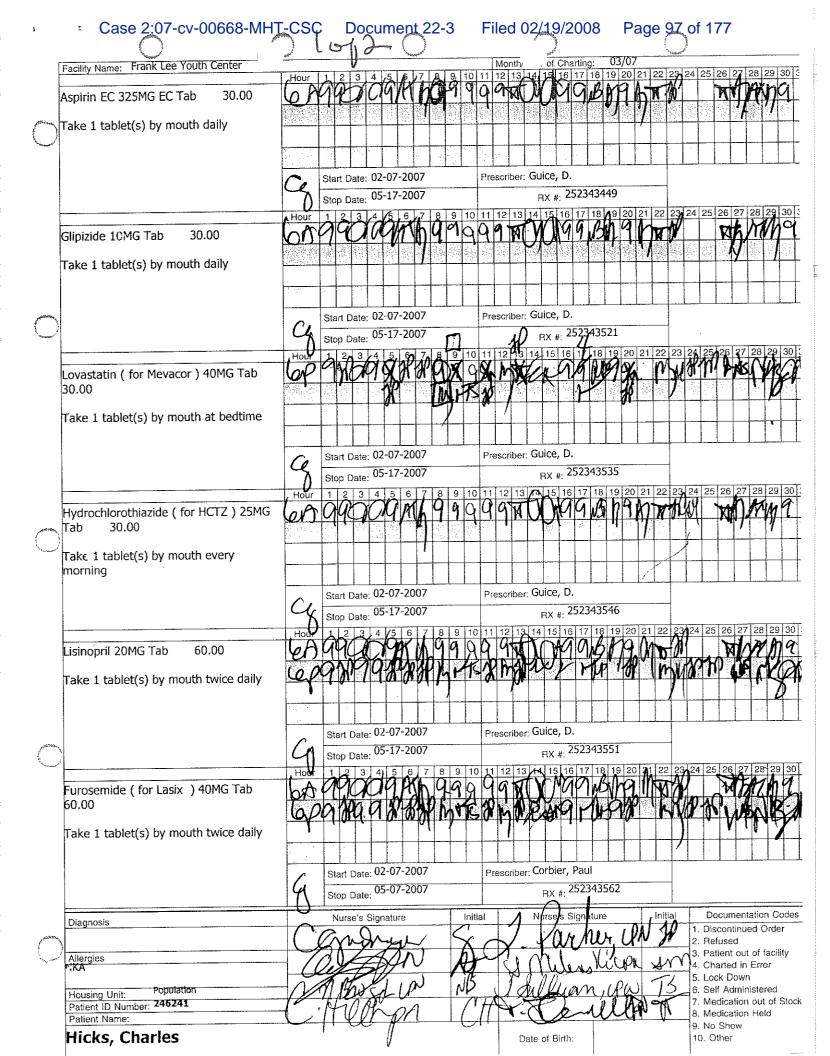
Case 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 92 of 177 Month/ Facility Name: Frank Lee Youth Center 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 2 30.00 Aspirin 81MG Tablet **KODIBEG** Take 1 chew tab(s) by mouth daily Prescriber: Williams, Winfred Start Date: 11-07-2006 RX #: 252104008 Stop Date: 02-14-2007 14 15 16 17 18 19 20 21 22 23 24 8 9 10 11 12 13 6 7 6A 30.00 Aspirin EC 325MG EC Tab Take 1 tablet(s) by mouth daily Start Date: 11-22-2006 Prescriber: Guice, D. tL. RX #: 252150917 Stop Date: 03-Q1-2007 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 : Hour 6A 30.00 Glipizide 10MG Tab Take 1 tablet(s) by mouth daily Prescriber: Guice, D. Start Date: 11-22-2006 Stop Date: 03-01-2007 RX #: 252150931 Hour Lovastatin ( for Mevacor ) 40MG Tab 30.00 Take 1 tablet(s) by mouth at bedtime Start Date: 11-22-2006 Prescriber: Guice, D. RX #: 252150925 Stop Date: 03-01-4007 15 16 17 18 1 2/3/4 Hour Hydrochlorothiazide (for HCTZ) 25MG 30.00 Tab Take 1 tablet(s) by mouth every morning Prescriber: Guice, D. Start Date: 11-22-2006 RX #: 252150934 Stop Date: 0.3-01-2007 8 9 10 13 14 15 16 17 18 19 Hour Lisinopril 20MG Tab 60.00 Take 1 tablet(s) by mouth twice daily Prescriber: Guice, D. Start Date: 11-22-2006 RX #: 252150940 Stop Date: 03-01-2007 Documentation Codes Nurse's Signature Initial Initial Nurse's Signature Diagnosis 1. Discontinued Order 2. Refused 3. Patient out of facility Allergies 4. Charted in Error NKA 5. Lock Down Self Administered Population Housing Unit: 7. Medication out of Stock Patient ID Number: 246241 8. Medication Held Patient Name: 9. No Show Date of Birth: 10. Other Hicks, Charles

Case 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 93 of 177 Month/\ of Charting: 01/07 Facility Name: Frank Lee Youth Center 13 14 15 16 17 18 19 20 21 22 Spironolactone ( for Aldactone ) 50MG 30.00 Take 1 tablet(s) by mouth daily Prescriber: Corbier, Paul Start Date: 11-09-2006 忆 RX #: 252113948 Stop Date: 02-06-2007 Furosemide (for Lasix ) 40MG Tab 60.00 Take 1 tablet(s) by mouth twice daily Start Date: 12-07-2006 Prescriber: Corbier, Paul HX #: 252189187 Stop Date: 01-05-2007 12 13 14 15 16 17 18 19 28 21 22 23 24 25 26 27 28 29 30 3 Hour 30.00 Klor-Con 10 10MEQ Tab CR Take 1 tablet(s) by mouth daily Prescriber: Corbier, Paul Start Date: 12-07-2006 RX #: 252189193 Stop Date: 02-04-2007 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 Hour Olipizide 10mg + PO 6A 407 -24-07 Prescriber: Start Date: 4-24-09 Stop Date: 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 : Hour Prescriber: Start Date: RX #: Stop Date: 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Hour Prescriber: Start Date: RX #: Stop Date: Documentation Codes Initial Nurse's Signature Nurse's Signature Diagnosis 1. Discontinued Order Refused 3. Patient out of facility Allergies 4. Charted in Error NKA 5. Lock Down 6. Self Administered Population Housing Unit: 7. Medication out of Stock Patient ID Number: 246241 8. Medication Held Patient Name: 9. No Show 10. Other Hicks, Charles Date of Birth:



Page 95 of 177 Case 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Frank Lee Youth Center of Charting: Month/1. Facility Name: 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 30.00 Klor-Con 10 10MEQ Tab CR Take 1 tablet(s) by mouth daily rescriber: Corbier, Paul Start Date: 12-07-2006 <sub>FIX #:</sub> 252189193 02-04-2007 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Hour Lasix 40mg + po 6 A/15 Bid Prescriber: -5-07 RX #: 6 7 8 9 10 11 12 13 14 75 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Hour ec ASA 325mg; PO QIDK 100 days (OA 2-5-07 Start Date: 5-15-0-Stop Date: 10 11 12 13 14 \$5 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Hour Offipizide 10mg = PO OA Juice Prescriber Start Date: 2 - 5-07 Stop Date: 5-15-07 Movecor 40mg=po OHSX100day guice Prescriber Start Date: 2-5-07 5-15-01 Stop Date: Hour ALCTZ 25mg; PO OAM X100 days (OA Start Date: 2-5-07 Prescriber Stop Date: 5-15-07 Documentation Codes Nurse's Signature Nurse's Signature Initial Diagnosis Discontinued Order 2. Refused 3. Patient out of facility Allergies 4. Charted in Error NKA 5, Lock Down 6. Self Administered Population Housing Unit: 7. Medication out of Stoc Patient ID Number: 246241 8. Medication Held Patient Name: 9 No Show Hicks, Charles Date of Birth: 10. Other

Case 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 96 of 177 of Charting: Month/ Frank Lee Youth Center Facility Name: 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Aspirin EC 325MG EC Tab 30.00 Take 1 tablet(s) by mouth daily Prescriber: Guice, D. Start Date: 11-22-2006 RX #: 252150917 03-01-2007 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Hour 4 6A11 Glipizide 10MG Tab 30.00 Take 1 tablet(s) by mouth daily Start Date: 11-22-2006 Prescriber: Guice, D. tL. Stop Date: 03-01-2007 RX #: 252150931 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 5 Hour Lovastatin ( for Mevacor ) 40MG Tab 6 P 30.00 Take 1 tablet(s) by mouth at bedtime Start Date: 11-22-2006 Prescriber: Guice, D. HX #: 252150925 Stop Date: 03-01-2007 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Hour Hydrochlorothiazide (for HCTZ) 25MG 30.00 Tab Take 1 tablet(s) by mouth every morning Prescriber: Guice, D. Start Date: 11-22-2006 RX #: 252150934 Stop Date: 03-01-2007 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 4 5 6 7 Hour Lisinopril 20MG Tab 60.00 Take 1 tablet(s) by mouth twice daily Prescriber: Guice, D. Start Date: 11-22-2006 Stop Date: 03-01-2007 RX #: 252150940 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 Hour 6 7 Spironolactone ( for Aldactone ) 50MG bΑ 30.00 Take 1 tablet(s) by mouth daily Start Date: 11-09-2006 Prescriber: Corbier, Paul RX #: 252113948 Stop Date: 02-06-2007 Documentation Codes Initial Nurse's Signature Nurse's Signature Diagnosis Discontinued Order 2. Refused 3. Patient out of facility Allergies 4. Charted in Error NKA 5. Lock Down 6. Self Administered Population Housing Unit: 7. Medication out of Stock Patient ID Number: 246241 8. Medication Held Patient Name: 9 No Show Date of Birth: 10. Other Hicks, Charles



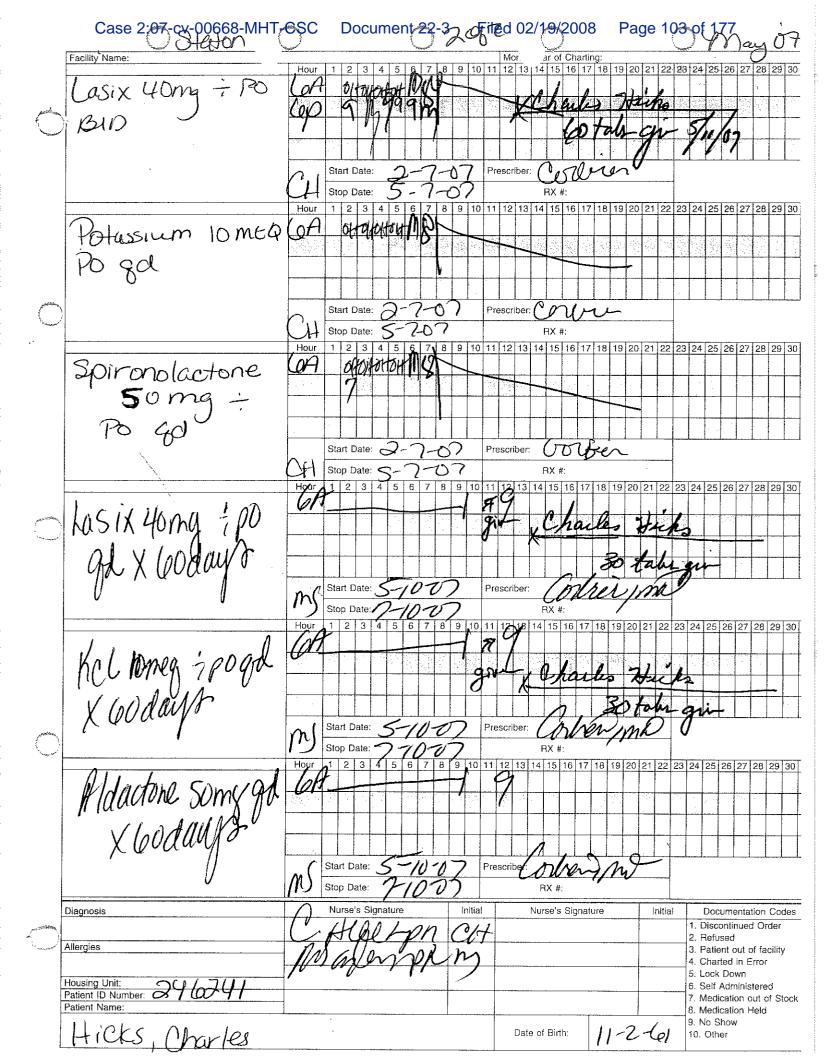
Document 22-3 Case 2:07-cv-00668-MHT-CSC Filed 02/19/2008 Page 98 of 177 Facility Name: Frank Lee Youth Center Klor-Con 10 ( for Potassium Chloride ) 10MEQ Tab CR 30.00 Take 1 tablet(s) by mouth daily Prescriber: Corbier, Paul Start Date: 02-07-2007 Stop Date: 05-07-2007 RX #: 252343573 30.00 Spironolactone 50MG Tab Take 1 tablet(s) by mouth daily Start Date: 02-07-2007 Prescriber: Corbier, Paul Stop Date: 05-07-2007 RX #: 252343595 8 9 1,0 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 3 Corbin Prescriber: Start Date: RX #: Stop Date: 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Prescriber: Start Date: Stop Date: 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 Hour Prescriber: Start Date: RX #: Stop Date: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Hour Prescriber: Start Date: RX #: Stop Date: Documentation Codes Initial 's Signature Nurse Diagnosis 1. Discontinued Order 2. Refused 3. Patient out of facility Allergies **NKA** Charted in Error 5. Lock Down 6. Self Administered Population Housing Unit: Patient ID Number: 246241 7. Medication out of Stock 8. Medication Held Patient Name: 9. No Show Hicks, Charles Date of Birth: 10. Other

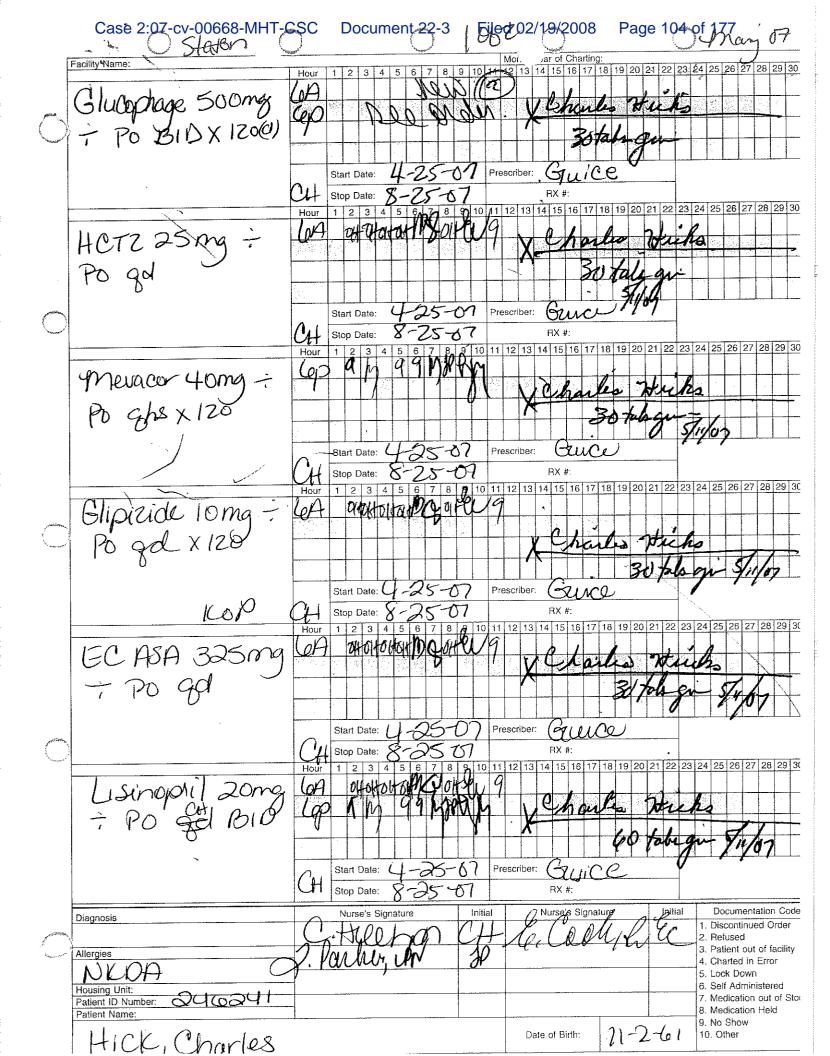
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## STATE OF ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

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Institution:	Nilby Date/Time Inmate Received: 5//8/06	
	creening: 5/18/06 Signature/Title of Screener: D. McRed Sgn	
MENTAL HEAT	LTH TREATMENT PRIOR TO ENTERING THE ADOC:  Psychotropic medication:	
Yes No	Medication turned over to ADOC upon arrival?	
	*	
	Mental health follow-up in last 90 days:	
Yes No	Suicide/self-harm attempts in last 90 days:	<del></del> .
MENTAL HEAD Yes No	LTH HISTORY Does inmate report a history of the following (if yes, provide details):  Outpatient treatment:	
Yes No	Town delined to the d	
12		
Yes No	Psychotropic medication:	
Yes No	Suicidal attempts:	<u> </u>
Yes No	Suicidal thoughts:	
Yes No	Head injury:	
Yes No	Seizures:	
Yes No	Violent behavior:	
Ya, No	Substance abuse: Ehh	
Yes (No)	Substance abuse treatment:	
Yes No	Special education classes:	-
DALLERS SET E	DEPORT OF CURRENT COLUMN	
(Yes) No	REPORT OF CURRENT STATUS:  First incarceration (reaction): Olsappin ted	
Yes No	Reports family support: Sunt	
<b>&gt;</b>	Reports significant depression/remorse:	—
	Thinking about suicide:	
1	Has plan for suicide:	
(927).	Possible to implement suicide plan:	
Yes (No)	Reports hallucinations:	<del></del>
	OBSERVATIONS:	
Poor eye contain Disoriented	ect Poor hygiene Unable to pay attention Unresponsive Auxicus Unable to follow directions Unable to read	
Crying	Memory deficits Signs of self-mutilation Afraid	
Illogical speech		
Hostile	Other unusual behavior:	_
DISPOSITION/ P Routine hous	PLACEMENT RECOMMENDATION (based on reception mental health screening):  Emergency mental health referral	
	h follow-up but not emergency Crisis cell placement recommended	
	hotropic meds verified Interim supply ordered	

Disposition: Inmate Medical Record

# ALABAMA DEPARTMENT OF CORRECTIONS INMATE ORIENTATION TO MENTAL HEALTH SERVICES

The Alabama Department of Corrections provides the following mental health services:

- Assessment and treatment of mental illness
- Referral to a psychiatrist, if necessary for medication
- On-going psychiatric treatment
- Group and individual counseling
- Assistance in dealing with stressful problems (adjustment to prisons, grief and loss, family problems)
- Crisis intervention
- Residential mental health treatment and hospitalization, if necessary

If you wish to speak with mental health staff about routine matters such as scheduling for group or individual counseling, send in a Health Services Request form.

In emergency situations or if you have concerns that need to be addressed immediately, contact any correctional officer so that you may receive mental health assistance as soon as possible.

Your participation in mental health services is voluntary except in emergency situations or when you have been provided due process through administrative review.

If you believe the mental health services provided to you are inadequate, you may file an inmate grievance.

Information about the mental health services provided to you is confidential except in the situations when mental health staff believe that you may be:

- Suicidal
- Homicidal
- Presenting a clear danger of injury to self or others
- Presenting a reasonable clear risk of escape or creation of institutional disorder
- Receiving Psychotropic medication
- Requiring movement to a special unit or cell for observation and treatment
- Requiring transfer to a psychiatric hospital outside of the prison
- Requiring a new program assignment for mental health reasons

Mental health staff has a legal duty to report to appropriate authorities any unreported suspected abuse or neglect of a child.

Mental health and medical staff will have access your mental health records when completing their duties. The following persons may have access to your mental health records on a need to know basis:

- Warden of the institution or designee
- Internal investigation staff and legal counsel working with the ADOC
- Departmental and accrediting audit staff
- Persons authorized by a court order or judgment

All other persons or agencies require an authorization for release of information signed by you before gaining access to your mental health records.

This information on this form has been explained to me and I have received a copy of the information for my future reference.

Land E. Hick 246241

Inmate Signature AIS#

HickE, Charles Date Signed

### STATE OF ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

Psychologic		$\cap$
Name: Hicks, Clarles	AIS#246241	$_{RS}$ $1500$
Date: 5 30 06 Date of Birth: 1/2		
Cr. 1 A		
Beta III: 81 A WAIS: /_/	_ WRAT-RL:	7. (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Last School Grade Completed: Special	Education Classes:   Yes No Type:	
MMPI Welsh Code:	rol.	
Mental Health Code: 0 1	2 3 4 5	6
General Appearance		
a. Neat and generally appropriate	c. Flat or avoiding interaction	
b. Poorly groomed	d. Sad or worried	2006
Other*		
		$-\mathcal{I}_{\mathcal{Z}}$
I. Interpersonal Functioning	f. other	
a. Normal-good relationships likely	1. Exploitive/manipulative 2. Weak/vulnerable	1 13
b. Withdrawn/apparent loner	3. Passive/unassertive	\ )5
c. Likely to ignore rights/needs d. Lacks skill or confidence	4. Aggressive/Dominant	
e. Probably difficult to get along with	5. Retaliates	
e. Trobably difficult to get along with	6	
Harris Alexander (1997)		1
II. Personality	g. other	
a Healthy		Compulsive
_ ← b. Antisocial		Atypical/mix
c: Paranoid	3. Histrionic 9. 4. Narcissistic	
d. Explosive	5. Borderline	
e. Dependent f. Passive-Aggressive	6. Avoidant	
III. Substance Abuse  a. Alcohol addiction/abuse history:	Willed Store.	• •
a. Acolor addiction abuse history.	0	
		A
[설명 : 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b. Drug addiction/abuse history:	ies.	

AND THE STATE OF T	Name:
c. Current or most recent use:	
d. Current Addictions:	
e. Other: 1. In remission 6 months or less	
2. In remission more than one year	6. Alcohol use/denies dependency
3. In remission more than one year	7. OBS-drug/alcohol induced
4. In remission only due to incarceration	8. Other:
IV. Emotional Status	
a. No significant problems	
b. Depressed	
c. Anxious or stressful	
d. Angry or resentful	
a. Confusion or psychotic symptoms	·
e. Confusion of psycholic symptoms_	
f. Mood disturbances	
g. Sexual maladjustment	
History of sex offenses? □ Ye	es No List:
and the second s	
1. Sleep/appetite disorder	
	the state of the s
j. Other	
1. Symptoms of Hypochondria	4. Overtly psychotic 7. Behavior disorder
2. Hyperactivity	5. Psychosis in remission 8. Senile/demented
3. Violent/uncontrolled	6. Personality disorder9. Other

Disposition: Data Entry to Central Records, Medical File, Institutional File (Previously Form N-259)

Reference: ADOC AR 612, 613 ADOC Form MH-015 - November 14, 2005 Page 2 of 4

		Name:
	ital Deficiency         Mild (50-70)         Moderate (35-50)         Severe (20-35)	Borderline (70-80) Organic impairment suspected Memory Deficit
Remark	ss: St ammors	69Bek
Day 49		
	ental Health	
<b>4 1.</b> 1416	a. Outpatient treatment (dates/where)	٨
	a Outpation deather (dates where)	
	b. Inpatient treatment (dates/where)	
	<b>****</b> ********************************	
	c. Psychotropic medication (type/effective	ness)
	AGENTALIA Tarangan Tarangan Ta	
· · · · ·	d. Family history of mental illness	
• "		
T7TT 3.4		
<u>VII. M</u>	lanagement Problems	And Name Of Name & Name
	e de Maria	No Plans? □ Yes No
ingsport of the section of the secti	History of attempt/gestures	
	h Serious mental illness (specify)	
	b. Serious mental illness (specify)	
		ed
	c. Impulsive/acting out behaviors predicted	ed
	c. Impulsive/acting out behaviors predicte	
	c. Impulsive/acting out behaviors predicte	
	c. Impulsive/acting out behaviors predicted d. Authority Conflict	

Disposition: Data Entry to Central Records, Medical File, Institutional File (Previously Form N-259)

Reference: ADOC AR 612, 613 ADOC Form MH-015 - November 14, 2005

	Name:		
g, Escape potential	iliano e productiva de la compania del compania del compania de la compania del compania del compania de la compania del c		
		S (C) Section (C) 1 - 2.	
h. Assaultiveness			
i. Other:			
1. Malingering	4. Physical handicap	7. Do	mestic Violence
2. Mental Deficiency	5. Self-Mutilation	8. Ger	ider identity disorder
3. Aged and infirmed	6. Potential substance	ce abuse in unsupe	rvised situations
History of expressive violenc	e? 🛭 Yes 🖊 No List:		
VIII Educational Needs			
a. ABE/GED b. Spe	ecial Educationc. 7	Frade School	d. Junior College
e. Life Skills			
X Mental Health Needs	가 맞는데 1995년 - 1995년		
a. Refer to psychiatrist	e. Sexual adjustment	i. Se	If-concept enhancement
b. Substance abuse counseling		j. He	althy use of leisure time
c. Depression	g. Anger managemen	t k. P	ersonal Development
d. Stress management	h. Values clarification	nl. o	ther
Recommendations/Remarks: (In	clude accommodations neede	ed for the visual, h	earing impaired and
other disabilities)	c. 4BP.		
Long lutine	, NWNI+	Smila	charge.
	)		
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	. 0		
Evaluation Completed have \ \	Iloso interio	the state of the s	Date: 5/31/0
Evaluation Completed by:Po	sychologist/Psychologic	cal Associate	

Disposition: Data Entry to Central Records, Medical File, Institutional File (Previously Form N-259)

Reference: ADOC AR 612, 613 ADOC Form MH-015 - November 14, 2005

Case 2:07-cv-006	68-MHT-CSC	Document 22-3	Filed 02/19/2008	8 _ Page 115 of 177
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		ENTAL HEALTH SEF ERRAL TO MENTAL		
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Homic		Depressed	•	o disturbance acinations/delusions
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Follow-Up by:/_	). Santa	va ;Date:	6/5/07	
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•				ALDOC Form 452-03

# STATE OF ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

# PROGRESS NOTES

DATE	Seinc	Josefina	<i>Q</i>	SIGNATURE
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Control to Annual Control	INMATE NAME JOS, Challs	246244	SF	HITTION

Disposition: Inmate Medical Record Printed Front and Back on Blue Paper Reference: ADOC AR: 604, 613, 614, 616, 622, 623, 627, 634, 628, 632, 633, 635, 638 ADOC Form MH-040 – November 14, 2005

# STATE OF ALABAMA DEPARTMENT OF CORRECTIONS MENTAL HEALTH SERVICES

# **PSYCHIATRIC PROGRESS NOTES**

DATE; TIME:  Target Symptoms 6 25 0 Behavioral Rating Scale 0=No problem 5= worst Today versus Before
Debressed mood 1-2/0-1
Auxiety/Worry 1-2/9-1
Health Concerns 1-2/0-1
Medications:   Jacob
Medications:  In got started on Prozac on 6/25/9/1000
In addition to the information in the tables above and below, then immate patient:  SUBJECTIVE: To an Radiana Mada and Albarana A
what's actual one in mer likes. I have many modified
side effects pupplemes. Can you gove me some medicine to
OBJECTIVE: help me with my debression ? " Respects of other
to hist hanself se andrue of he have no affect
Selected Issues NO YES If yes, comment on pertinent positive findings
Psychosis  Psychosis
Self-Injurious Thoughts v Relation by escut time a
Suicidal Intent
Aggressive v Nove noted at present time eye seriously Impulsive
Structural Devel
Lab info: 0 1 Labs Ordered: Labs Reviewed: 0 1 15 AIMB Wish wedical Moo
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ASSESSMENT/Diagnosis (DSM-IV)
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Patient's Name: (Last, First, Middle)  Als # Age R/S Code Institution
HICKS, CHARLES 246241 B/M MH=1 STATON 1 WIR
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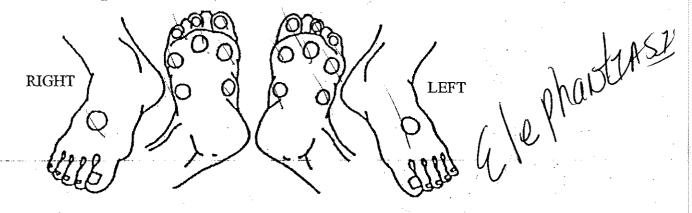


PRISON
HEALTH
SERVICES

### MONOFILAMENT TESTING FOR DIABETICS

Fill in the following blanks with a "Y" or "N" to indicate findings	_ RIGHT	LEFT
Is there a foot ulcer now?	N	N.
Is there a history of foot ulcer?	N	M
Is there an abnormal shape of the foot?	N	N
Is there a toe deformity?	1	-1)
Are the toenails thick or ingrown?	1105	1105
Is there callus buildup?	CATO	NO
Is there swelling?	HES (MILID)	Ues
Is there elevated skin temperature?	N.	1/7
Is there muscle weakness?	N'	70
Can the inmate see the bottom of feet?	ues	Ues
Is the inmate wearing improperly fitting shoes?	Noyes	NOYAS BH
Does the inmate use footwear appropriate?	lues	Tes
Pulses? 32 (14) (1) DP/PT	431	49

Note the level of sensation in the circles: (+) -> Can feel the 5.07 filament (-) -> Can't feel the 5.07 filament



Skin Conditions on the Foot or Between the Toes:

Draw in: Callous, Pre-ulcer, Ulcer (note length and width in cm)
Label with: R - Redness, M - Maceration, D - Dryness, T - Tinea

eration, D - Dryness, T – Tinea Risk Category:

- 0 No loss of protective sensation.
- 1 Loss of protective sensation
- 2 Loss of protective sensation with <u>either</u> high pressure (callous/deformity), or poor circulation.
- 3 History of plantar ulceration, neuropathic fracture (Charcot foot) or amputation.



#### PATIENT INFORMATION FACT SHEET - DIABETES

#### PATIENT NAME:

ID NUMBER:

#### WHAT IS DIABETES?

- Diabetes is a chronic or long term disease.
- Diabetes is a disease in which your body does not make enough insulin or properly use its own insulin
- Insulin is a hormone that is needed to turn the sugar and starch we get from food into the energy our bodies need for everyday life.
- If you are diagnosed with diabetes, make sure that your doctor checks you out for any other medical problems such as high blood pressure or high cholesterol. Having diabetes means you are more likely to have a heart attack or stroke - but it doesn't have to happen if you manage your diabetes.
- Your diabetes may be controlled by diet. You may need to take pills everyday or you may need daily injections of insulin. Your doctor will make that decision based on the type of diabetes you have.

#### WHATISTOURD IDO? Take Action NOW - "Selfmanagement" is the key to good health You can live longer for your family, improve your health and reduce your risk of heart disease of stroke

- Set goals and attempt to reach them (weight loss, smoking cessation)
- Eat the right amounts of food. Eat foods containing less salt and fat.
- Take your medicine the way you and your doctor have agreed to.
- · Learn how to check and keep track of your blood sugars.
- Take very good care of your feet- check them for "numbness" or open sores regularly
- Talk to your doctor about taking aspirin

#### PUT IN A SICK CALL SUIP IF: You begin to have the following symptoms:

# (Low blood sugar)

Symptoms of HYPOGLYCEMIA - If your blood sugar is under 60 you must eat some food or drink something that has sugar in it. Severe low blood sugar can cause you to go into a coma.

- Shakiness
- Feeling "sluggish"

# (High blood sugar)

Symptoms of HYPERGLYCEMIA - You will need to contact your doctor for ways to adjust your diet and medication to get your blood sugar under control. A "too high" blood sugar can also become a serious emergency.

- Increased urination
- Increased thirst
- Weight loss
- Feeling tired or weak
- Unusual changes in your vision
- Dry, itchy skin

#### EMERGENCY: TELLA CORRECTIONAL OFFICER OR DEPUTY TO CALL MEDICALIF

- You suddenly become very shaky
- If you break out into a heavy sweat for no reason
- If you suddenly feel confused or "drunk-like"
- If you have sudden changes in your vision

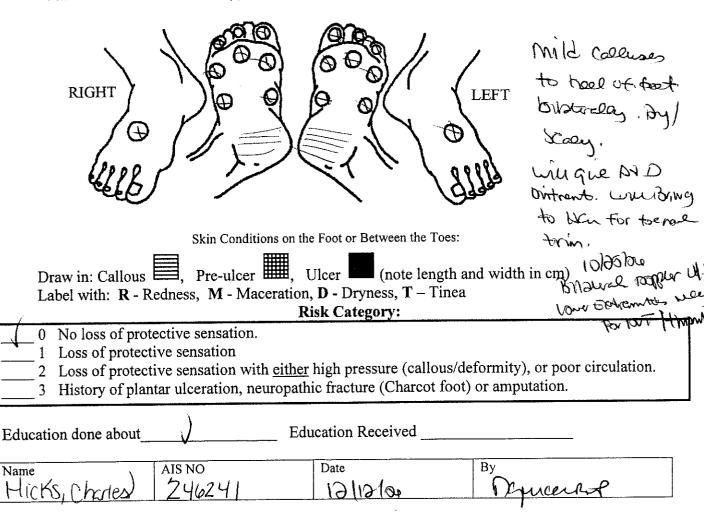
X Charles Hicks 12/12/06



### MONOFILAMENT TESTING FOR DIABETICS

Fill in the following blanks with a "Y" or "N" to indicate findings	RIGHT	LEFT
Is there a foot ulcer now?	7	2
Is there a history of foot ulcer?		<i>N</i>
Is there an abnormal shape of the foot?	N	12
Is there a toe deformity?	N N	N
Are the toenails (hick) or ingrown? long toenails	У	У
Is there callus buildup?	¥	
Is there swelling? Ho venous in sufficiency	Ý	Υ'
Is there elevated skin temperature?	N	2
Is there muscle weakness?	N	N
Can the inmate see the bottom of feet?	У	У
Is the inmate wearing improperly fitting shoes?	<u> </u>	N
Does the inmate use footwear appropriate?	. 4	Ч
Pulses? DP/PT	34	13t

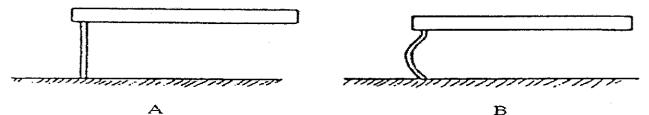
Note the level of sensation in the circles:  $(+) \rightarrow$  Can feel the 5.07 filament  $(-) \rightarrow$  Can't feel the 5.07 filament



#### Instructions:

The sensory testing device used with the Diabetic Foot Screen is a nylon filament mounted on a holder that has been standardized to deliver a 10 gram force when properly applied. Research has shown that a patient who can feel the 10 gram filament in the selected sites has "protective sensation" and has a reduced risk of developing plantar ulcers.

- 1. Use the 10 gram filament to test for "protective sensation".
- 2. Test the sites indicated on the Diabetic Foot Screen.
- 3. Apply the filament perpendicular to the skin's surface (see diagram A).
- 4. The approach, skin contact and departure of the filament should be 1 1/2 seconds.
- 5. Apply sufficient force to cause the filament to bend (see diagram B).
- 6. Do not allow the filament to slide across the skin or make repetitive contact at the test site.
- 7. Randomize the selection of test sites and time between successive tests to reduce patient guessing.
- 8. Ask the patient to respond "Yes" when the filament is felt and record the response on the Diabetic Foot Screen Form.
- 9. Apply the filament along the margin of and NOT on an ulcer, callous, scar or necrotic tissue.
- 10. Have the patient close their eyes while the filament test is being performed.



Risk and Management Categories for the Foot

Risk Category	Description
0	Diabetes, but no loss of protective sensation in feet.
1	Diabetes, loss of protective sensation in feet.
2	Diabetes, loss of protective sensation in feet with <u>either</u> high pressure (callout/deformity) or poor circulation.
3	Diabetes, history of plantar ulceration or neuropathic fracture.
Note: "loss of	protective sensation" is assessed using a 5.07 monofilament at 10 locations on each foot.

Category	Management Category
	Education emphasizing disease control, proper shoe fit/design.
0	Follow-up yearly for foot screen.
	Follow as needed for skin/callus/nail care or orthoses.
	Education emphasizing disease control, proper shoe fit/design, daily self-inspection, skin/nail
1	care, early reporting of foot injuries.
	Proper fitting/design footwear with soft inserts/soles.
	Routine follow-up 3 – 6 months for foot/shoe examination &nail care.
	Education emphasizing disease control, proper shoe fit/design, self-inspection, skin/nail/callus
2	care, early reporting of foot injuries.
•	Depth-inlay footwear, molded/modified orthoses; modified shoes as needed
	Routine follow-up $1-3$ months for foot/activity/footwear evaluation and callus/nail care.
	Education emphasizing disease control, proper fitting footwear, self-inspection, skin/nail/callus
3	care and early reporting of foot injuries.
	Depth-inlay footwear, molded/modified orthoses; modified/custom footwear, ankle-foot orthoses
	as needed.
	Routine follow-up $1 - 12$ week for foot/activity/footwear evaluation and callus/nail care.

Diabetes Foot Clinic visit frequency may vary based on individual patient needs.





Case 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 122 of 177 DIABETES CLINIC

Q 3-months

	Ç		
Name: Hicks, Charles	DOB: 1 2/2 AI	s#: 246241 R/s	BIM
PATIENT HISTORY			
. LATIENT MISTORT	51.4 00	11-10 100 - / DA	Wholeson 199 B 190 M
Diagnosis: Type I □	Type 2 (St. 1)	) H m 1993 / Dyst Date of Diagnosis:	
Current Meds: LGSIX 40	mc. Tulenol EST, KCI 101	norm iscand one of	ola la l
DICUDACIONO.	coul has bearing	cuta Compliant: Y(N) H	CTZ 25 mg / Linepri 30 mg
Frequency of BG monitor	oring: BS V BID	$\rho$	locactone some A+1) ointo
Family History Smales V	Risk factors (che	eck all that apply)	No Married MACO
Taumy mistorySmoker	HTN_Obesity_CAD Hyper	rlipidemia Renal Disease	CT225 mg, Lusinepril 20 mg CT225 mg, Lusinepril 20 mg Ickctone 50 mg, A+D ointo Newwest rubes Tobaco use Messines some Date
VARIABLE	Date (initial exam) 12/12		Date O e
BP/Weight/Pulse	142/80/275,51 79	104/66/250 78	
CP/dizziness/Indigestion	NO Everyow/then/NO	Notusino	
Exertional Dyspnea	NO'	NOO	•
Urinary frequency	mlasix	on lasix	
Fundi exam (annually)	mored	1-31-07	
Dental exam (annually)	5/19/06	579-06	
Hand and Foot pain	NO	NO	
Exertional Dyspnea Urinary frequency Fundi exam (annually) Dental exam (annually) Hand and Foot pain General Appearance Heart	MADROTOR	NAN Natred	
General Appearance Heart JVD/Carotid Bruits Periph Pulses/edema	rr.	in	Date
JVD/Carotid Bruits		Las	
Periph. Pulses/edema	2+	'S+ Wrey	
Microfilament (annually)	-1	See for	<u> </u>
JVD/Carotid Bruits Periph. Pulses/edema Microfilament (annually)  LABS  Fasting Diagnostic Profile II (base line) Hgb A1c q 3-6 mos BMP (per MD/NP) UA Dipstick Microalb (annually EKG (base line) Disease Control	Date	Date - Transplant & Market	Date
Fasting Diagnostic			
Profile II (base line) De L	5-23-06 & fasting	5-14-07	
Hgb A1c q 3-6 mos	5-23-06 7:6 H	12-12-02: 2-15-01113	
BMP (per MD/NP)		1 6-1 6-06, 2 13-04 113	
UA Dipstick		12-12-06	Good/Fair/Poor
Microalb (annually	9-22-06 22.2H	9-27-06	
EKG (base line)	525-06 Sinus Rhythm	15-15-06	(
Disease Control	Good/Fair/Poor	Good/Fair/Poor	Good/Fair/Poor
, "	Improved Worsened	Improved/Worsened	Improved/Worsened
Disease Control  PLAN			Good/Fair/Poor Improved/ Worsened
<b>5</b> -			
PLAN Flu vac (annually) Pneumovax	Mo 900-900+	(1	
Pneumovax	Y	orand	
4   Dationt Udu/Penining			
Patient Edu/Training	Dmmag	Dn Mg	
Completed Master			, , , , , , , , , , , , , , , , , , , ,
Completed Master Problem Sheet	400	yes	
Completed Master Problem Sheet Next F/U	yas 3months	yes Smarths	
Completed Master Problem Sheet Next F/U	3mortes Octivites	yes	
SHORT TERM GOAL	3mortes Octivites	yes Smarths	S
SHORT TERM GOAL	3mortos Ocquireros LS	Jmastrs  LONG TERM GOAL	
SHORT TERM GOAL	3 montos Ocquireros LS ine height control controles	Joseph Joseph Long TERM GOAL  1 1-6-101 5	7.0
SHORT TERM GOAL	Janontos Major les des LS ine [ height control conference 20 30 (B) 3	Joseph Jones Ryman P LONG TERM GOAL 1 Hogol S 2 Bpgol S	190180. 7.0
SHORT TERM GOAL  1 Dies boerc  2 redustron  Comments: TSX R 2  4 9 5-23-06 CTIT	Janovas Majorteras LS inscherences congruences 20 02 Set 9770 BS3 ELN 2015 156 199	Joseph Jones Report Street	190180. 7.0
SHORT TERM GOAL  1 Dies boerc  2 redustron  Comments: TSX R 2  4 9 5-23-06 CTIT	Janovas Majorteras LS inscherences congruences 20 02 Set 9770 BS3 ELN 2015 156 199	Joseph Jones Report Street	190180. 7.0
SHORT TERM GOAL  1 Dies boerc  2 redustron  Comments: TSX R 2  4 9 5-23-06 CTIT	Janontos Major les des LS ine [ height control conference 20 30 (B) 3	Joseph Jones Report Street	+ prevent conductors

ሬ- ሃ- ሀገ Case 2፡07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 123 of 177

5-14-07 CT/TR/LDL: 18/285/128 Temp 982 Resp 29 BS 198 C/O leg pain (D)

Works States has had legedene especially to () one 1980. Wolve up one morning tother having their phases the right bother w/ leg surley. States his mother/ aparel motion / sunt all have had sumilier to.

Durch had both regs amphated, we consider arteral supper.

Dead meg US of reg, and had surjuse asserts. No surroung recommender



### DIABETIC CHECKLIST

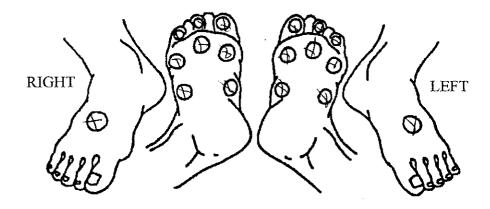
Name Hicks, Charles Number 24	6241 Period 6-07 to 6-08
Medications: ECASA 325mg, Glipfide 10r Atts outness Tylerol ES Compliance: Yes No	ng, Meucles 40mg, HCTZ come, Lisinopri
Compliance: Yes No	12 House 2011 21 Cas 15 101.3)
If No, follow-up counseling done: Ye	s No Date
Enrolled in Chronic Care: Yes No	
Monofilament Foot Exams Done:	Yes No
Foot Disorders Treated:	Yes No
Educational Material Given:	Yes No
Appropriate Diet Ordered:	Yes No
Regular Glucose Testing:	(Yes No
HgbA1C done q 3 months:	Yes No Every 6 months if stable
Seen by dental at least annually:	Yes No
Urine tested annually for microalbumin	
Seen by Nurse: 640	
Seen by MD	
-	
Annual dilated retinal exam	By
Referral if necessary	
Immunization:	
Pneumococcus once and repeated after	age 64, if more than 5 yrs. Yes No
Influenza annually 11-16-06	(Yes) No
influenza aimuany 11 16 00	(109) 140
Annual physical exam by MD/NP Yes	No Date
Individual treatment plan Yes No	,
Updated Yes No	
Appropriate Diet Ordered: Yes No	
ADOC notified: Yes No	



## MONOFILAMENT TESTING FOR DIABETICS

Fill in the following blanks with a "Y" or "N" to indicate finding	gs F	IGHT	LEFT
Is there a foot ulcer now?			2
Is there a history of foot ulcer?		4	<u> </u>
Is there an abnormal shape of the foot?	ſ	$\langle \rangle$	
Is there a toe deformity?	, L	7	5
Are the toenails thick or ingrown?		7	
Is there callus buildup?		2	7
Is there swelling?	1	1	1
Is there elevated skin temperature?		<u> </u>	6
Is there muscle weakness?		N	$\sim$
Can the inmate see the bottom of feet?		4	4
Is the inmate wearing improperly fitting shoes?	:	2	<del>ا</del>
Does the inmate use footwear appropriate?	, ref	4	4
Pulses?	DP/PT	321	37

Note the level of sensation in the circles: (+)  $\rightarrow$  Can feel the 5.07 filament (-)  $\rightarrow$  Can't feel the 5.07 filament



Skin Conditions on the Foot or Between the Toes:

Draw in: Callous	Pre-ulce	r 🏻 , Ulce	er 🔛	(note length	and width in cm)
Label with: R - R	ledness, M - M	faceration, D	- Dryne	ess, $\mathbf{T}$ – Tinea	ι
		Risk	Catego	rv:	

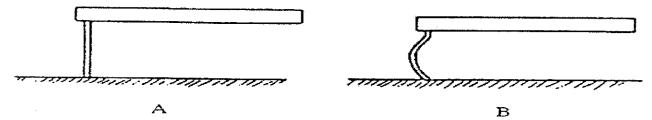
$\frac{1}{1}$	No loss of protective sensation.  Loss of protective sensation						
	2 Loss of protective sensation 3 History of plantar ulceration, neuropathic fracture (Charcot foot) or amputation.						
Educati	ion done about foot upon	Education Received					

			· · · · · · · · · · · · · · · · · · ·
Name	AIS NO	Dațe	Ву
Hicks Chrolen	246741	4 Way	DAME
1111010)012002	<u> </u>	d	

#### Instructions:

The sensory testing device used with the Diabetic Foot Screen is a nylon filament mounted on a holder that has been standardized to deliver a 10 gram force when properly applied. Research has shown that a patient who can feel the 10 gram filament in the selected sites has "protective sensation" and has a reduced risk of developing plantar ulcers.

- 1. Use the 10 gram filament to test for "protective sensation".
- 2. Test the sites indicated on the Diabetic Foot Screen.
- 3. Apply the filament perpendicular to the skin's surface (see diagram A).
- 4. The approach, skin contact and departure of the filament should be 1 1/2 seconds.
- 5. Apply sufficient force to cause the filament to bend (see diagram B).
- 6. Do not allow the filament to slide across the skin or make repetitive contact at the test site.
- 7. Randomize the selection of test sites and time between successive tests to reduce patient guessing.
- 8. Ask the patient to respond "Yes" when the filament is felt and record the response on the Diabetic Foot Screen Form.
- 9. Apply the filament along the margin of and NOT on an ulcer, callous, scar or necrotic tissue
- 10. Have the patient close their eyes while the filament test is being performed.



Risk and Management Categories for the Foot

Risk Category						
0	Diabetes, but no loss of protective sensation in feet.					
1	Diabetes, loss of protective sensation in feet.					
2	Diabetes, loss of protective sensation in feet with either high pressure (callout/deformity) or poor circulation.					
3	Diabetes, history of plantar ulceration or neuropathic fracture.					
Note: "loss of	protective sensation" is assessed using a 5.07 monofilament at 10 locations on each foot.					

Category	Management Category
	Education emphasizing disease control, proper shoe fit/design.
0	Follow-up yearly for foot screen.
	Follow as needed for skin/callus/nail care or orthoses.
	Education emphasizing disease control, proper shoe fit/design, daily self-inspection, skin/nail
1	care, early reporting of foot injuries.
	Proper fitting/design footwear with soft inserts/soles.
	Routine follow-up 3 – 6 months for foot/shoe examination & nail care.
	Education emphasizing disease control, proper shoe fit/design, self-inspection, skin/nail/callus
2	care, early reporting of foot injuries.
	Depth-inlay footwear, molded/modified orthoses; modified shoes as needed
	Routine follow-up $1-3$ months for foot/activity/footwear evaluation and callus/nail care.
	Education emphasizing disease control, proper fitting footwear, self-inspection, skin/nail/callus
3	care and early reporting of foot injuries.
	Depth-inlay footwear, molded/modified orthoses; modified/custom footwear, ankle-foot orthoses
	as needed.
	Routine follow-up 1 – 12 week for foot/activity/footwear evaluation and callus/nail care.

Diabetes Foot Clinic visit frequency may vary based on individual patient needs.

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## FINGER STICK BLOOD RECORD FORM

PRISON HEALTH SERVICES	FINGER STICK BLOOD RECORD FORM
NAME: Hicks, Challes	INSTITUTION/FACILITY:
	I.D. # 29624   D.O.B.: 11/2/6/
PHYSICIAN ORDER/INSTRUCTIONS: 45/5	ZA+31. V 20
	property of the second

DATE	TIME	INITIĄLS	BLOOD SUGAR RESULTS	URINARY KETONE LEVEL (if required)	INITIALS	*	ACTIONS TAKEN/OOMISSITO
319	1500	W	105	(ii required)	INTIALS		ACTIONS TAKEN/COMMENTS
500	Ofos	CA	/21				
SID	pw.	PCI	101				
5/21	04/10	CB	128				
Sal	50	CH	118				
5/20/0	0330	2	102				
19/00	1560	Km	199	*			
5/23	0330	aB	112				
Mulio	4411	les					
3/24	1500	Tab	10 L 133				
13/27	EYO	35	110				
525	1500	AD	93				
520	MOS	Cha	18				
5/2Ce	1500	8	103				
527	0400	$C0_{2}$	111				
5/07	1500	8	134				
528	0400	(A)	1/8				
5/25	On	CO	166				
5/24	15/10	M	92				
3011	DASO (	XX.W	142				
1024	MW		124				

\*Check if results called to physician.

Date	Ínitials	Signatures
)		
<u></u>		
		· · · · · · · · · · · · · · · · · · ·

Date	Initials	Signatures
		•

Case 2:07-cv-00668 MHT CSC STICK BLOOD RECORD FORM

INSTITUTION / FACILITY:

NAME: Hicks, Charles I.D.# 246241 D.O.B.: 1 1

ELL SITE:

PHYSICIAN ORDER/INSTRUCTIONS: 15 V Bidx 30days 10/29/06 > 11/29/06

		DI COD	TTWO WAY A TO BE			
		BLOOD SUGAR	URINARY KETONE LEVEL			
DATE	TIME	RESULTS	(if required)	INITIALS	*	ACTION TAKEN / COMMENTS
11-8-06	3:60A	154 2				None
11-9-06	3!/3A	15a GB				
11/10/06	3:04 A	144 AM				
11/11/06	7:03	173 AM	11/11/06 127	weu		
11-12-06	3'00	17966				
11/12/06	4.53	9790				
11-13-06	2:55	163 5AT		JAT		
11-14-00	2:57	187 BP				
11-15-06	3:08	154		GG		
11-15-06	3:,85	119		GG		
11/16/16	3:310	599				
11-15-06	3:00 pm	160		JAT		
11/18/06	3:20AN	169				
11-18-06	3:15am	160		J4T		
11-18-06	3:00 Am	174		JAT		
11-20-06	3:12cm	149BD				
11-22-06	3:10	158		Lx		
11-23-06	3:08	18/1	·	er er		
11-24-06	3:04	158 JAT		JAT		
11-25-06	4:28	16/ Bis		RID		
11-26-06	3:10 am	204 81	1	BO		
11/27/06	3:09an			AN		
11/28/06	3:02A			LV		

# Signature Box

	Date	Initials	Signatures
	11/12/06	So	Laure cox
ſ	1113/06	JAT	J. Thampson COI
ĺ	11-15-06	GG_	Twendy Francon
	11-16-06	G0	Iwand of Dis Dett
ĺ	11-17-06	1	to physician.

Date	Initials	Signatures
118.06	SAT	lines House of
11-19-06	JAT	Dimp Hogen 20I
11-20-06	80	13 Parille
11-25-0	80	B. Daviels COI
11-26-0	4 BD	B. Pariste COT
11/27/00	o AM	a makan coi

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FINOER STICK BLOOD RECORD ORM

INSTITUTION / FACILITY: FLYE

NAME: Hicks, Charles I.D.# 24424/ D.O.B.: / /

ELL SITE:

PHYSICIAN ORDER/INSTRUCTIONS: BS V3 Brd X 30 day, 10-29-06 > 11-29-04

		DI OOD				
		BLOOD SUGAR	URINARY KETONE LEVEL			
DATE	TIME	RESULTS	(if required)	INITIALS	*	ACTION TAKEN / COMMENTS
11-29-06	3:13A	153		KR		
11/30/06	3:00an	_15/		RN		
12/1/06	3:00am	138		AM		
12/2/06	3:11Am	228		JAT		
12/3/06	3:00 am			AM		
12/4/04	3:00 an	248		BO		
12/5/66	2,48A	190		Ls		
12/6/06	300 KM	160		21.		
18/7/04	3:04am			AM		
12/8/06	3:00am	941		1		
12-9-06	3: cf Am			JAT		
L 12/10/06	3:13an	-195		BN		
12/11/06	2:54am	204		AM		
12/12/06	3:06	248		1		
				V-96/4914-14		
<u> </u>	<u> </u>	1		L		

### Signature Box

Date	Initials	Signatures
1/38/00	BD	Musto Mails
12/4/06	BP	Shanlo- Daniels
1'12/10/06	BD	That Davids
, ,		

Date	Initials	Signatures

<sup>\*</sup>Check if results called to physician.

## **EYE EXAMINATION SHEET**

TO: (Service Physician)	FROM: (Requesting Ward, Med. Fac. Phys.)	Date of Request:
Broderd	1-LYC	//34/07
Reason For Request: (Complaints and Finding)		•
	_	
	$N(000 \sim 5$	\1.M
Past History		0
Old Rx		
Signature	Тур	e of Consult
		$\sim$
,	CONSULTATION REPORT	+),(1)(-)
Subjective: $\frac{30/40}{5}$	~	OPHTH:
Subjective: OS -20/2		,
		300 (b) \$300
		1.101
New Rx: OD Seg. Ht.		Ext:
OS Seg. III.	1	Date Dispensed & Initials:
- 200 150	140/+175 all 69/66	
Seg. Type:	14/75	
-200 150		
IDD 6 Times	Call	
IDP & Time:	6966	
	· · · · · · · · · · · · · · · · · · ·	
Frame: Size: Color:  GH 29  Frame: Size: Color:		
Frame: Size:		
Color:	103	
2,116		
	$\wedge$	no 1,1 =
		101/3/07
	$\iota_{o}$	PTOMETRIST'S SICNATURE
Ordinate Lead Nove		A Dis
Patients Last Name HICKS, Charles	st Middle	45 B/m 246241
1-11 Uno, Maries		173 1/M 0. 10



# INSTITUTIONAL EYE CARE

P.O. Box 390 Lewisburg, PA 17837

FAX (570) 524-2817

PAT	TENT			DATE	
MYE TR	HICKS, CHA	RLES			0/2007
NUN	IBER 246241	INSTITUTION			
		- ma	AT	THOMAS F. ST	ATON
***	SPHERE	CYLINDER	AXIS	PRISM	BASE
OD	-2.00	-1.50	30	. 0	
os	-2.00	-1.50	140	0	
	ADD	HEIGHT	DIST PD	NEAR PD	
OD	1.75	20	69	66	
os	0.00	0	0	0	
LEN	S COLOR/COAT	INGS	Cle	ar	
FRA	ME NICK	STYLE		FRAME COLOR	GREY
EYE SIZ		DROP BAL	L	FINAL INSPECTION	
	54				
			ENSES: RAME:		\$9.86 \$3.49
		C	OVERSIZE:		\$0.00
		Т	TINT/PGX:		7,000
		P	OLYCARB:	1177	\$0.00
		DIOPTERS: _ PRISM: _		\$0.0 \$0.0	
		C	CASE:		
		O	THER:		
		S	/н:		\$1.85
		T	OTAL DUE (\$):		\$15.20
					Ψ10.20

VISION SAFETY NOTICE:
- Your lenses meet or exceed American National Standard Z80.1 and FDA requirement 21CFR Sec 801.410 for impact resistance but are not unbreakable or shatterproof. Of all the materials that lenses can be made from polycarbonate is the most impact resistant.

If struck with sufficient force, the lenses can break into sharp pieces that can cause serious injury to the eye, or blindness. Even if the lenses do not break, the force of impact may cause the lenses or spectacle frame to contact the eye or surroundfion erea causino injury.

The continued impact resistance of your lenses depends on how well you protect them from physical shocks and abuse. For your own protection, scratched or pitted lenses should be replaced immediately.

-If your occupational or recreational activities expose you to the risk of flying objects or physical impacts, your eye safety requires special safety spectacles with safety lenses, side shields, goggles and/or a full face shield.



## **DEPARTMENT OF CORRECTIONS**

# RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

1, .	(	Print Name)	(Doc#)
ack	nov	vledge receipt of the	e following medical equipment or appliance:
(	N	Splint	
( )	()	Eyeglasses	
(	)	Dentures	
(	)	Prothesis	describe
(	)	Wheelchair	
(	)	Cane	
(	)	Crutches	
(	)	Other	describe
La	ckno	owledge that the ec	uipment/appliance is functional for my use.
l a	lso a	acknowledge the ed	quipment/appliance is in good working condition.
<u>C</u>	Å.	ales Vic	hs 2/2/07
	(Inn	nate) . Parlu	(Date) 3/2/07
/	(Wi	tness)	(Date)

	·			
INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Hicks, Charles	246241			FULC

Ø 008/036

10/06/2006 FRI 15:25 FAX 334 37 1538 Staton Health Unit

### UTILIZATION MANAGEMENT REFERRAL REVIEW FORM

Form must be Complete and Legible. You must Type or Print

Please send this form with the Authorization Letter to the service provider at the time of the Appointment DEMOGRAPHICS Patient Name: (Last, First, Staton 843 Site Phone # (334) 567-1548 Site Fax# 246241 (334) 567-1538 Will there be a charge? Maio 
 □ Famale PIYES INO Health Ins. (Excludes Medicare/Medicald Managed Care alternative plans.) Responsible party: Other, be specific (Evolutes Medicare, Medicard and Veterans Administration Services) Auto Ins. CLINICAL DATA Physician Requesting Provider: E NP. PA ☐ Dental History of illness/injury/sypmtoms with <u>Date of Onset</u> elema progressive six a 1982 E associ dy/scale shin al co intenthet Service moots otheria for "approval via protocol" Claudica tim Place a check mark (\*) in the Service Type requested (one only) and AUH! ATN, DMI complete additional applicable fields. Results of a complaint directed physical examination: CVD RIV Salto 🗖 Screduled Admission (SA) 1 DP/PT pulse @ +1/+2 = +2-+3 Outpaticat Surgery (OS) Dialysis (DA) BLE pitting edema prog. to Uniont Union Routine Bpakla region. Dry scaly/hyperkentels shin BLE & thick in some touris Estimated Date of Service (mm/dd/y/) (This starts the approval window for the "open authorization period") Radiation therapy Multiple Visits/Treatments: ☐ Chemotherapy Number of Visits/Treatments: Others Previous treatment and response (including medications):

O Elization & LE & ME Dische Specialist referred to: Type of Consultation, Treatment, Procedure or Surgery. Venous doppler of lower extremit Diagnosis: Peripheral Vascular disease You must include copies of pertinent reports such as lab results, X-"For security and safety, please do not inform patient of ray interpretations and specialty consult reports with this form. possible follow-up appointments\*\*\* Portinent Documents have been attached and fage Diffsite Service Recommended and Authorized UM DETERMINATION: Attendative Treatment Plan (explain hore): More information Requested: (See Attached) Dale resubmith Resultantitled with requested information. 9 St Regional Medical Director Signature, printed name and date required: Do not write below this line. For Caso Manager and Corporate Data Entry ONLY.

USa - UM Kalena Yeview form

nust be Complete and Legible. You must Type Please send this fo e Authorization Letter to the service provider of the Appointment **DEMOGRAPHICS** Site Name & Number: Patient Name: (Last, First,) Date: (mm/dd/yy) Staton 843 Site Phone# Alias: (Last, First, (334) 567-1548 Site Fax # Inmate # (334) 567-1538 246 24 Will there be a charge? ☐ Male ☐ Female Yes No Health Ins.(Excludes Medicare/Medicaid Managed Care alternative plans ) Responsible party: Auto Ins. Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services): **CLINICAL DATA** Requesting Provider: Physician ☐ NP, PA Dental History of illness/injury/sypmtoms with Date of Onset:

44 x 0 00 c H/O Hales Facility Medical Director Signature and Date: time II in 2003. Pt has had chronic foot problems 2 ne marked swelling of lower Service meets criteria for "approval via protocol" Place a check mark ( ) in the Service Type requested (one only) and complete additional applicable fields, Office Visit (OV) Results of a complaint directed physical examination: X-ray (XR) Scheduled Admission (SA) Outpatient Surgery (OS) Dialysis (DA) - Twelly ( Leey / Chronic) es evidence of venous stary Routine ☐ Urgent Estimated Date of Service (mm/dd/yy) OP pulses fairly intact (This starts the approval window for the "open authorization period") & Lors of protective surged per monofilament testing Radiation therapy Multiple Visits/Treatments: Chemotherapy Number of Visits/Treatments: Other: Previous treatment and response (including medications): Specialist referred to: - Venous doppler ordered 7 mas Type of Consultation, Treatment, Procedure or Surgery: - lymphedenia Reguest for Diabetic Shoes Divieres à timaties ALC - 7.6 (Lartone) Diagnosis: DM @ Harphatice is 6) Venous incuffee - on thespo glycomic ICD-9 code: You must include copies of pertinent reports such as lab results, xray interpretations and specialty consult reports with this form. \*\*\*For security and safety, please do not inform patient of possible follow-up appointments\*\*\* Pertinent Documents have been attached and faxed. UM DETERMINATION: Offsite Service Recommended and Authorized Alternative Treatment Plan (explain here): ☐ More Information Requested: (See Attached) Date resubmitted: Resubmitted with requested information. Regional Medical Director Signature, printed name and date required: Do not write below this line. For Case Manager and Corporate Data Entry ONLY. Cert Type: Med Class CPT code: U5a - UM Referrat review form

Document 22-3. \_\_Filed\_02/19/2008. \_ Page 134 of

Case 2:07-cv-00668-MHT-CSC

Document 22-3 - Filed 02/19/2008 - Page 135 of cust be Complete and Legible. You must Type ( ) Case 2:07-cv-00668-MHT-CSC Please send this fo e Authorization Letter to the service provider of the Appointment **DEMOGRAPHICS** Site Name & Number: Patient Name: (Last, First,) Date: (mm/dd/yy) Staton 843 Site Phone# Alias: (Last, First.) (334) 567-1548 Site Fax# Inmate# PHS Custody Date: (mm/dd/yy (334) 567-1538 24 Will there be a charge? Male | Female IZ Yes □ No Health Ins.(Excludes Medicare/Medicaid Managed Care alternative plans ) Responsible party: Auto Ins. Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services): **CLINICAL DATA** Physician Requesting Provider: NP, PA ☐ Dental History of illness/injury/sypmtoms with Date of Onset 44 x0 07 = HO Diabetes Facility Medical Director Signature and Date type II in 2003. Pt. hes and chronic foot problems 2 ne marked swelling of lower Service meets criteria for "approval via protocol" Place a check mark (\*) in the Service Type requested (one only) and entremities o complete additional applicable fields. Results of a complaint directed physical examination: Office Visit (OV) X-ray (XR) ☐ Scheduled Admission (SA) Outpatignt Surgery (OS) Dialysis (DA) **Routine** Urgent Tweller ( ley ( chronic ) is evidence of venous stario. Estimated Date of Service (mm/dd/yy) (This starts the approval window for the "open authorization period") Radiation therapy Multiple Visits/Treatments: ☐ Chemotherapy Number of Visits/Treatments: Other:\_ Previous treatment and response (including medications): Specialist referred to: Type of Consultation, Treatment, Procedure or Surgery: - Venous doppler ordered - 1 ~ Request for Diabetic Shoes Divieres à timetres , ALC - 7.6 Clarkone? Diagnosis: DM D Haphatias is & Venous insuffection You must include copies of pertinent reports such as lab results, ray interpretations and specialty consult reports with this form. \*\*\*For security and safety, please do not inform patient of possible follow-up appointments\*\*\* Pertinent Documents have been attached and faxed. UM DETERMINATION: Offsite Service Recommended and Authorized Alternative Treatment Plan (explain here): ☐ More Information Requested: (See Attached) Date resubmitted: Resubmitted with requested information. Regional Medical Director Signature. printed name and date required: Do not write below this line. For Case Manager and Corporate Data Entry ONLY. Cert Type: Med Class: E. Ellis, RN,

# Case 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 136 of 177 PRISON HE SERVICES: AUTHORIZ N LETTER

Patient Name:	Hicks, Charles	Inmate Number:	246241HI
Service Authorized:	Office Visits: Op General Specialty Referral	Effective Dates:	10/13/2006
Effective:	Visits authorized for 60 days from effective date.	Visits Authorized:	1
Responsible Facility:	Staton Correctional Facility	Contact Name:	Michelle Pope
Authorization Number:	16589490	Telephone Number:	(334)395-5973 Ext 14

#### Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

#### For Payment Please Submit Claims To:

Prison Health Services P.O. Box 967 Brentwood, TN 37024-0967

The consulting physician should complete this section.

The completed form will be sealed in the attached envelope and returned with an officer to the correctional facility.

Clinical Sumn	nary or Attached Report	
	A SEPTIMENT OF THE PROPERTY OF	A
		-1
*** For security and safety, please do not	inform patient of possible follow-up appoi	ntments. ***
Signature of Consulting Physician:	Date	Time
Reviewed and Signed By		
Medical Director:	Date	Time

Document 22-3 -- Filed-02/1/9/2008 -- Page 137 of Case 2:07-cv-00668-MHT-CSC must be Complete and Legible. You must Type

Please send this fo ne Authorization Letter to the service provider of the Appointment **DEMOGRAPHICS** Site Name & Number: Date: (mm/dd/yy) Patient Name: (Last, First,) Staton 843 Site Phone# Alias: (Last, First.) (334) 567-1548 Site Fax # nmate# (334) 567-1538 -Will there be a charge? Yes 🗆 No Male 🔲 Fernale Health Ins.(Excludes Medicare/Medicaid Managed Care alternative plans ) Responsible party: Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services): **CLINICAL DATA** 10 Physician Requesting Provider: ☐ NP, PA ☐ Dental History of illness/injury/sypmtoms with Date of Onset: Facility Medical Director S Service meets criteria for "approval via protocol" Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields. Results of a complaint directed physical examination: X-ray (XR) Office Visit (OV) Scheduled Admission (SA) Outpatient Surgery (OS) Dialysis (DA) ☐ Urgent Routine - Picture of Etephuntiasis.

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Doroalis Redis pulse 2+. Estimated Date of Service (mm/dd/yy) (This starts the approval window for the "open authorization period") Radiation therapy Multiple Visits/Treatments: ☐ Chemotherapy Number of Visits/Treatments: Other:\_ Previous treatment and response (including medications): Specialist referred to: Type of Consultation, Treatment, Procedure or Surgery You must include copies of pertinent reports such as lab results, \*\*\*For security and safety, please do not inform patient of ray interpretations and specialty consult reports with this form. possible follow-up appointments\*\*\* Pertinent Documents have been attached and faxed. UM DETERMINATION: Offsite Service Recommended and Authorized Alternative Treatment Plan (explain here): ☐ More Information Requested: (See Attached) Date resubmitted: Resubmitted with requested information. Regional Medical Director Signature, printed name and date required: Do not write below this line. For Case Manager and Corporate Data Entry ONLY.

Ved Fored 1917

CPT code:

UR Auth #:

Med Class:

Cert Type:

# Case 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 138 of 177 PRISON HE/ SERVICES: AUTHORIZ/ N LETTER

Patient Name: Hicks, Charles		Inmate Number:	246241HI
Service Authorized: X-Ray: Doppler Study - Standard Cost		Effective Dates:	10/18/2006
Effective: Visits authorized for 60 days from effective date.		Visits Authorized: 1	
Responsible Facility: Staton Correctional Facility		Contact Name:	Michelle Pope
Authorization Number:	16609600	Telephone Number:	(334)395-5973 Ext 14

#### Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply to PHS.
- Payment will not be processed until we receive a clinical summary.

#### For Payment Please Submit Claims To:

Prison Health Services P.O. Box 967 Brentwood, TN 37024-0967

The consulting physician should complete this section.

The completed form will be sealed in the attached envelope and returned with an officer to the correctional facility.

Clinical Summ	ary or Attached Report	
	· · · · · · · · · · · · · · · · · · ·	
*** For security and safety, please do not in	form patient of possible follow-up appoin	tments. ***
Signature of Consulting Physician:	Date	Time
Reviewed and Signed By		
Medical Director:	Date	Time

Please send this form Authorization Letter to the service provider at the Appointment	
DEMOGRAPHICS	
Site Name & Number:    843 - STATON Frank led   Hicks / Charles   Date: (mm/dd/yy)	
Site Phone # Alias: (Last, First,) Date of Birth: (mm/dd/yy)    0   0   0   0   0   0   0   0   0	***
Site Fax # Inmate # PHS Custody Date: (mm/dd/yy)  334-567-7167 7 4 2 4 3 7 6	
SS Number Potential Release Date: [mm/dd/yi]	
Will there be a charge?   Sex	
Responsible party:    PHS	7
CLINICAL DATA	=1
Requesting Provider:  Physician  NP, PA Dental	
History of Miness/injury/sypmtoms with Date of Onset:	] [
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(This starts the approval window for the "open authorization period")  Multiple Visits/Treatments: Radiation therapy  Chemotherapy    Chemotherapy	
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uigh wish for OUT. and all I should be to	
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Pertinent Documents have been attached and faxed.  possible follow-up appointments***	
UM DETERMINATION; Offsite Service Recommended and Authorized	
Atternative Treatment Plan (explain here):	
More Information Requested: (See Attached)  Date resubmitted:	
Resubmitted with requested information.	
Regional Medical Director Signature,	
printed name and date required:	(mm/ddyy)
Do not write below this line. For Case Manager and Corporate Data Entry ONLY.	
Cert Type: Med Class: CPT code: UR Auth #:	
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11/29/2006 12:13 FAX 3343958156 11/29/2006 WED 15:39 FAX 334 567 1538 Staton Health Unit.

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Case 2:07-cv-00668-MHT-CSC Filed 02/19/2008 Page 141 of 177 Document 22-3 ust be Complete and Legible. You must Type of "Please send this form Authorization Letter to the service provider alab of the Appointment **DEMOGRAPHICS** Site Name & Number: Patient Name: (Last, First.) Date: (mm/dd/yy) 843 - STATON Site Phone # 334-567-1548 Site Fax # Inmate# 334-567-7167 SS Number Will there be a charge? Yes 🗌 No ☑ Male ☐ Female **PHS**  $\square$  Health Ins.(Excludes Medicare/Medicaid Managed Care alternative plans )Responsible party: -Auto Ins. Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services): **CLINICAL DATA** Requesting Provider: Prosician ☐ NP, PA Dental Dental History of Illness/injury/sypmtoms with Date of Onset: gnature and Date: Service meets criteria for "approval via protocol" Place a check mark (1) in the Service Type requested (one only) and complete additional applicable fields. Office Visit (OV) X-ray (XX) Results of a complaint directed physical examination: Scheduled Admission (SA) Outpatient Symfery (OS) Dialysis (DA) Urgent Estimated Date of Service (mm/dd/yy) (This starts the approval window for the "open authorization period") Raidiation therapy Multiple Visits/Treatments: ☐ Chemotherapy Number of Visits/Treatments: Other: revious treatment and response (including medications): Specialist referred to: Koo sthe Type of Consultation, Treatment, Procedure or Surgery Diagnosis: Po CD-9 code: You must include copies of pertinent reports such as lab results; ray interpretations and specialty consult reports with this form. \*\*\*For security and safety, please do not inform palient of possible follow-up appointments\*\*\* Pertinent Documents have been attached and faxed. UM DETERMINATION: Offsite Service Recommended and Authorized Alternative Treatment Plan (explain here): Prosthatics Soull More Information Requested: (See Attached) Date resubmitted: Resubmitted with requested information. Regional Medical Director Signature, printed name and date required: Do not write below this line. For Case Manager and Corporate Data Entry ONLY. Cert Type: Med Class: CPT code: UR Auth #:

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# Case 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 143 of 177 PRISON HE TH SERVICES: AUTHORIZ TON LETTER 143 of 177

Patient Name: Hicks, Charles		Inmate Number:	246241HI	
Service Authorized:	Office Visits: Op General Specialty Referral	Effective Dates:	11/30/2006	
Effective:	Visits authorized for 60 days from effective date.	Visits Authorized:	1	
Responsible Facility:	Staton Correctional Facility	Contact Name:	Michelle Pope	
Authorization Number:	16736502	Telephone Number:	(334)395-5973 Ext 14	

#### Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number)
- Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.
- HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of
  Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions
  under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not
  apply to PHS.
- Payment will not be processed until we receive a clinical summary.

#### For Payment Please Submit Claims To:

Prison Health Services Attn: Claims Department 105West Park Drive, #200 Brentwood, TN 37024-0967

The consulting physician should complete this section.

The completed form will be sealed in the attached envelope and returned with an officer to the correctional facility.

Clinical Summary	or Attached Report	
	-	
	A CONTRACTOR OF THE CONTRACTOR	
*** For security and safety, please do not info	rm patient of possible follow-up appoi	ntments. ***
Signature of Consulting Physician:	Date	Time
Reviewed and Signed By Medical Director:	Date	Time

# Case 2:07-cv-00668-MHT-CSC Document 22-3 Filed 02/19/2008 Page 144 of 177 PRISON HEAT TH SERVICES: AUTHORIZATION LETTER

Patient Name: Hicks, Charles		Inmate Number:	246241HI
Service Authorized: Office Visits: General Surgery Consult		Effective Dates:	11/30/2006
Effective: Visits authorized for 60 days from effective date.		Visits Authorized:	1
Responsible Facility: Staton Correctional Facility		Contact Name:	Michelle Pope
Authorization Number:	16736557	Telephone Number:	(334)395-5973 Ext 14

#### Note to Provider of Services:

- Medicare/Medicaid do not cover any health services provided to an inmate in custody, except in certain circumstances not applicable to this inmate.
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  under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not
  apply to PHS.
- Payment will not be processed until we receive a clinical summary.

#### For Payment Please Submit Claims To:

Prison Health Services Attn: Claims Department 105West Park Drive, #200 Brentwood, TN 37024-0967

The consulting physician should complete this section.

The completed form will be sealed in the attached envelope and returned with an officer to the correctional facility.

Clinical Summa	ry or Attached Report	
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*** For security and safety, please do not in	form patient of possible follow-up appoin	tments. ***
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Signature of Consulting Physician:	Date	Time
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Medical Director:	Date	Time

Document 22-3 — Filed 02/19/2008 — Page 145 of the Complete and Legible. You must Type o Case 2:07-cv-00668-MHT-CSC Please send this fo uthorization Letter to the service provider : e Appointment DEMOGRAPHICS Site Name & Number: Patient Name: (Last, First,) Date: (mm/dd/yy) (2,19,06 Staton 843 Hicks FLYC site Phone# 246241 FUIC (334) 567-1548 102161 Site Fax# Inmate # HS Custody Date: (mm/dd/yy) 04113106 (334) 567-1538 SS Number Potential Release Date: (mm/dd/yy) Will there be a charge? Sex Male 🔲 Female 420-90-0383 Yes 🛛 No Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans ) Responsible party: Auto Ins. Other, be specific (Excludes Medicare, Medicaid and Veterans Administration Services): **CLINICAL DATA** Requesting Provider: Physician NP, PA ☐ Dental History of illness/injury/sypmtoms with Date of Onset: M. MIKAMS 4440 BM WI renous insufficiency Whigh HX 1 PAN SWALLING HIN Diabetis Place a check mark ( ) in the Service Type requested (one only) and complete additional applicable fields. Office Visit (OV) Results of a complaint directed physical examination: X-ray (XR) Scheduled Admission (SA) Outpatient Surgery (OS) Dialysis (DA) O calf ficm Routine Urgent. (B) colf 34 cm Estimated Date of Service (mm/dd/yy) 3+ pithing EdemA (This starts the approval window for the "open authorization period") Pulse LEO. Merds Doppler RIO DVT : And Saphenous Radiation therapy Multiple Visits/Treatments: ☐ Chemotherapy Number of Visits/Treatments: Other:\_ Previous treatment and response (including medications): Specialist referred to: エッエ VAIN REFLEX Study to Further Type of Consultation, Treatment, Procedure or Surgery: DOPPER USIV W SALPHENOUS Seen Beg Dr White 14/17/06 Right Above Study of Flu VEIN REFLIX EVAL. Diagnosis: CD-9 code: You must include copies of pertinent reports such as lab results, xray interpretations and specialty consult reports with this form. \*\*\*For security and safety, please do not inform patient of possible follow-up appointments\*\*\* Pertinent Documents have been attached and faxed. UM DETERMINATION: Offsite Service Recommended and Authorized Alternative Treatment Plan (explain here): ☐ More Information Requested: (See Attached) Date resubmitted: Resubmitted with requested information, Regional Medical Director Signature. printed name and date required: Do not write below this line. For Case Manager and Corporate Data Entry ONLY. Cert Type: 05a - UM Referral review form E. Ellis, PM 10/0/xx

12/20/2006 WED 16:01 FAX 31 7 1538 Staton Health Unit

Please send this for	be Complete and Legible.	You must Type c	************	PHS
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Site Name & Number:  Staton 843  Site Phone #  (334) 567-1548  Site Fax #  (334) 567-1538  Will there be a charge? Sex  Yes \( \text{No} \)  Responsible party:  Also fee.	DEMOGRAPHI NAME: (Cast, First.)  ACKS (MAY)  (Last, First.)  Deft 24  Acks (May)  Health Ins. (Bediades Medicare) to  Other, be specific (Excludes Medicare) to  CLINICAL I  ND, PM Dental (H	25 LS LS LS LS LS LS LS LS LS LS LS LS LS	we place ) combination Services): sypomborns with Date of Corp.  W/ YEMBUS IN	VED OV TO THE STREET
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Regional Medical Director Signature			

Case 2:07-cv-00668-MHT-CSC Document 22-	3 - Filed-02/19/2008 - Page 148 of 177 2. You must Type o Appointment
DEMOGRAPH	
Site Name & Number: Patient Name: (Last, First,)  Staton 843  Hicks	Date: (mm/dd/yy)  0 1 0 4 1 0 7
Site Phone # Alias: (Last, First,)  (334) 567-1548	Date of Birth: (mm/dd/yy)
Site Fax # Inmate #	PHS Custody Date: (mm/dd/yy)
(334) 567-1538 Z4624 SS Number	1 F140 04,13,06
Will there be a charge? Sex  ☐ Yes ☐ No ☐ Male ☐ Female ☐ Female ☐ Female	Potential Release Date: (mm/dd/y)  US, 23, 15
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Specialist referred to: Dr. Bryon White	Previous treatment and response (including medications):  1. 1. Sew Dr. Wluste on 12/9/05
Type of Consultation, Treatment, Procedure or Surgery:	He requested F/U visit
Vasculari Consul VIII	after 1st R/O DVT d'saphenous weith refluse. -Arterial de also needs to be R/O
Diagnosis: Vanous insufficiency (from ley pain ICD-9 code:  You must include copies of pertinent reports such as lab results, x.	-Arterial de also needs to be 2/0
ray interpretations and specialty consult reports with this form.  Pertinent Documents have been attached and faxed.	***For security and safety, please do not inform patient of possible follow-up appointments***
UM DETERMINATION:   Offsite Service Recommended  Alternative Treatment Plan (explain here):	and Authorized
☐ More Information Requested: (See Attached)  Date resubmitted;	
Resubmitted with requested information.	
Regional Medical Director Signature, printed name and date required:	
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and good party later party party from East, form and form and form and form and	e Manager and Corporate Data Entry ONLY.
Cert Type: Med Class: CPT code:	UR Auth #: 16831779 .
05a - UM Reterral review form	a. Juga Mein
$\gamma \sim 10$	V 17196AMED

# PRISON HEALTH SERVICES: AUTHORIZATION LETTER

Patient Name	Hicks, Charles	Inmate Number:	246241HI
Comice Authorized	Service Authorized: Office Visits: General Surgery Consult		1/4/2007
Service Authorized.	Visits authorized for 60 days from effective date.	Visits Authorized:	1
		Contact Name:	Michelle Pope
	Staton Correctional Facility	Telephone Number	
<b>Authorization Number:</b>	16831779	Telephone Number	(331)333 3313 244

### **Note to Provider of Services**

- · Medicare/Medicaid do not cover any health services proviced to an inmate in custody, except in certain circumstances not applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number.)

Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.

· HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply

Payment will not be processed until we receive a clinical summary.

## For Payment Please Submit Claims To:

Prison Health Services Attn: Claims Department 105 West Park Drive, #200 Brentwood, TN 37024-0967

> The consulting physician should complete this section. The completed form will be sealed in the attached envelope and returned with an officer to the correctional facility.

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Clinical Summary or	Attached Report	
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*** For security and safety, please do not inform	natient of possible follow-up appointn	ients. ***
*** For security and safety, please do not inform		
·	Date	Time
Signature of Consulting Physician:		
		Time
Reviewed and Signed By Medical Director:	Date	Time
Keviewed and Dighod D) Measure		

Ploase send this for	must be Complete and Legible.			
		A VICE BODY(der pi	. p Appointment	
Site Name & Number:	Patient Name: (Last, First)	25	PAppointment	$\Omega$
Staton 843	The same of		Date: (mm/ad/yy)	
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(334) 567-1548	Alias: (Last, First.)	200	Date of Bath; (minicidly	
Site Fax#	•		/ / 4 67	
	formatie #	-	1 4 0 0 10	
(334) 567-1538	DUCALL	•	PHS Custody Date: (mm	
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Please send this for	nust be Complete and Legible uthorization Letter to the	service provider at	e Appointment	
Site Name & Number;	DEMOGRAPH	lics		
Staton 843	Patient Name: (Last, First,)	A	Date: (mm/dd/yy)	2
Site Phone #	Alias: (Last, First,)	Maries	Date of Birth: (mm/dd/yy)	
(334) 567-1548			1/10216	
Site Fax #	Inmate #		PHS Custody Date: (mm/d	1/vv)
(334) 567-1538	24624	/ scc		6
Will there be a charge? , Sex	\$\$ Number 420.90.0	383	Potential Release Date: (m	om/dd/in)
Responsible party: Auto Ins.	☐ Health Ins.(Excludes Medicare/M ☐ Other, be specific (Excludes Med	licare, Medicaid and Veterans	ative plans') Administration Services):	
	CLINICAL			
Requesting Provider: Physician	□ NP, PA □ Dontal			
Facility Medical Director Signature and  By  Scrvice meets criteria for "approval via protox	Date: 60 07	Pt. is ay periphered to in last, te	distribute of lower of the months he he calf pain?	rouce, out of ship
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Number of Visits/Treatments:	Other	Previous tradepart	and response (including me	diofiling)
Specialist referred to:  Type of Consultation, Treatment, Pro	(In house)	· best Ho	<b>1</b>	VII)
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leas		1. P4. Ce	mpliante,	As lichamille
Diagnosis: PVD/Intermit	fent Claudication.	Melaco	There !	' '
You must include copies of pertiner ray interpretations and specialty co	il reports such as lab results, x-	Coluct		
Pertinent Documents have			ity and safety, please do r ossible follow-up appoint	
UM DETERMINATION:	Offsite Service Recommended	f and Authorized		<u> </u>
Afternative Treatment Plan (explain her	e):		2 M	
☐ More Information Requested: (See Att	polica/	Bh how u	WAH 015	
Resubmitted with requested information		1 Day	rone aut al	obal dina
Regional Medical Director Signatu printed name and date required:	re,	- Cryw	J.	
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Cert Type: Med Class:	CPT code:	The section of the se		
		•	UR Auth #:	CSUCT

USa - UM Referral review form

# PRISON HEALTH SERVICES: AUTHORIZATION LETTER

Patient Name Hicks, Charles	Inmate Number: 246241HI
Service Authorized: X-Ray: Doppler Study - Standard Cost	Effective Dates: 6/5/2007
Effective: Visits authorized for 60 days from effective	date. Visits Authorized: 1
Responsible Facil Staton Correctional Facility	Contact Name: Michelle Pope
Authorization Number: 17255455	<b>Telephone Number</b> (334)395-5973 Ext 14

### Note to Provider of Services

- Medicare/Medicaid do not cover any health services proviced to an inmate in custody, except in certain circumstances not
  applicable to this inmate.
- Authorization is diagnosis and procedure specific. Any additional tests, procedures, and inpatient or outpatient services must receive prior authorization to ensure benefit eligibility and payment. (Use above contact name and telephone number.)

Authorization for payment of service is guaranteed only if service is provided during the actual time of confinement to the referring correctional facility.

HIPAA: Please be advised Prison Health Services, Inc. ("PHS") is not a covered entity under HIPAA's Rule on the Privacy of
Individually Identifiable Health Information Standard ("Privacy Rule"). Because PHS does not engage in electronic transactions
under HIPAA's Electronic Transactions and Code Set Standards ("Transaction Standards"), HIPAA's Privacy Rule does not apply
to PHS.

The consulting physician should complete this section.

Payment will not be processed until we receive a clinical summary.

### For Payment Please Submit Claims To:

Prison Health Services Attn: Claims Department 105 West Park Drive, #200 Brentwood, TN 37027-5010

The completed form will be sealed returned with an officer to	the correctional facility.	
Clinical Summary or	Attached Report	
*** For security and safety, please do not inform	patient of possible follow-up appoint	ments. ***
and the Windstein	Date	Time
Signature of Consulting Physician:		
		Time
Reviewed and Signed By Medical Director:	Date	1 IIIIC

**2**001/001

06/20/2007 WED 9:43 FAX 3.. 5671538 Staton Health Unit

Please send this for athorization Letter to the	C \$6ffdCe provider at e Appointmen(
Slic Name & Number: Patient Name: (Last, First.)	
Staton 843 Wicks,	Charles Ob 19:07
Site Phone # Aliao: (Lext, First)	Date of Dirth: (mm/dd/yy)
(334) 567-1548	11,02,613
Site Fax # Francis #	SUS Out to Date (my little)
(334) 567-1538	4/3/06 PHS Custody Date: (mm/dd/x/)
Will there be a charge? Sex	Potential Release Date (mm/ddy)
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and the property of the proper	Medicare, Huseald and Velerans Administration Services;
Requesting Provider Physican Dro. M Dock	ALDATA
	History of Einessinjury/syprodoms with Date of Onsel:
Facility Medical Director Stonature and Date:	PG. Cas time II DM &
Lawring Parisa Office and Date:	indemntted claudication
the Corbie 6 19/07	Maria Canting
Soviesments criteria for "approved this protocol"	
Place a check mark (*) in the Service Type requested (one only) and	& CP but very Abnormal
complete additional applicable fields.	Anterial dopple of meltiple offer risk
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☐ Outpotion Surgery (OS) ☐ District (OA)	Heart - RAP-SIS distinct
Extraine ASAF. Durpork	preemen or Gallop.
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Mumber of Vestor Treatments: Utherstory	LOL 137 HBAIC 10-
specialist referred to: Dr. Ahmed	Previous treatment and response finctuding medications;
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Nu Grean Stress feat	1 10 000
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UM DETERMINATION:	nonded and Authorized
Alternative Treatment Man (explain here):	
More Information Requested: (See Altached)  Date resultabled:	
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VSB - VNI TCETECTAL LOADSA, INCILI	

Case 2:07-2V-CODBAB-MHT-	CSCzwo Dacument	223 ou must level 02	2/19/2008 Page 15
Site Name & Number:	÷ DEMOGDA	PHICS	e Appointment
Staton 843	atient Name: (Last, First,)	AA	Dale: (mm/dd/yy)
	Mich		06,19,07
Site Phone #	Alias: (Last First.)	Charles	
(334) 567-1548			Date of Birth: (mm/dd/yy)
Site Fax #			11,02,6
(334) 567-1538	knmate #		PHS Custody Date: (mm/dd/yy)
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Will there be a charge? Sex	SS Number	SCC	
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T. Chare		<u>0387</u>	11,20,2008
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Requesting Provider: Devision	- CHIICH	LDATA	A CHIMESO SEVIL 2014COL
	HP, PA Dontal		
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Scrvice meets criteria for "approval via protocot"	1 19/19/07	severe	PVD per Anteriuf
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Type of Consultation To 1	- In house:	remous treatment	and response (including medications):
Type of Consultation, Treatment, Proces	lure or Surgery:	ned	
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	The copy of	APA.	15000
Diagnosis: Genera PVD	7	1 // - //	usi no friet, HCTZ
1 1000 code		ه ا	
You must include copies of pertinent re ray interpretations and specialty consu	ports such as lab results, x-	43	
Pertinent Documents have been	e reports with this form.	***For securit	y and safety, please do not informpatient of
UM DETERMINATION:		l ho	essible follow-up appointments***
	Offsite Service Recommender	and Authorized	
Alternative Treatment Plan (explain here):			
More Information Requested: (See Attached	,		
11	Date resubmitted:		<u> </u>
Resubmitted with requested information,	1 1	1	
Regional Medical Director Signature, printed name and date required:		<u> </u>	
and date required:	•		
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		√\AY	7794 WI 20107
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Case 2.07-cv-00000 IVIII I -	COC TO STORE	the service provider at e Appointment
C 14 . 81	DEMOGRA Patient Name: (Last, First)	PHICS )
Staton 843	( ) V	Date: (mm/dd/yy)
Site Phone#	L. Hickory	Charles 06, 19,00
(334) 567-1548	Alias: (Last, First,)	Date of Birth: (mm/dd/yy)
Site Fax #	kimate #	1 1 1 1 1 1 1 1 1
(334) 567-1538	2 15 / 5	PHS Custody Date: (mm/dd/yy)
	1 62	4/ SCC 4,13,06
Will there be a charge? Sex	SS Number	Potential Release Date: (mm/ddy)
Yes   No   Make   Female	7-60-70-	0383 1/12012008
Responsible party: PHS	T Health In Co. L	
☐ Auto Ins.	Other, be specific (Excludes )	e/Medicaid Managed Care alternative plans )
Requesting Provider: Distriction	CLINICA	restricted frequency administration of the second
Requesting Provider: Physician	□ NP, PA □ Diental	
Lau Cou	1M 2959	History of Minessinjury/sypmtoms with Date of Onset:
Facility Medical Director Signature and Da	(c)	P4 . O C DICO
8 07		14. has severe PVD
Service meets criteria for "approval via protocol"	Lue 6/1965	The It distretes - MARIC 10,1
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Place a check mark (*) in the Service Ty complete additional appl	pe requested (one only) and	How detected in QLE, suspected
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Number of Visits/Treatments:	L. Chemotherapy	in (E) foot (DP) PT)
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	<b>エー・</b>	Previous treatment and response (including medications):
Type of Consultation, Treatment, Proce	dure or Surgery:	medi
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1	5	han the state of t
Diagnosis: Severe PV	Л	ASA / Usinopul, HTCTZ
You must include copies of a		
ray interpretations and specialty consu	ports such as lab results, x-	*
Pertinent Documents have been	attached and Family	***For security and safety, please do not inform patient of
UM DETERMINATION:		Possible follow-up appointments***
Alternative Treatment Plan (explain here):	Offsite Service Recommended	1 and Authorized
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☐ More Information Requested: (See Attached		
Resubmitted with requested information.	Date resubmitted:	
Regional Medical Director Signature		
printed name and date required:		
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Cert type: Med Class:	CPT code:	and had been been been been been been been bee
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		MASO 40120107
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Case 2.07-cv-00666-WHT-CSC   Document 22-3   Filed 02/19/2006   Page 156 01 177
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AND SAPITHER WIN ROTCH (1) DOWN ATTER SUNCES
337 St. Lukes Drive · Montgomery, AL 36117 · (334) 271-2788
2101 Chestnut Street • Montgomery, AL 36106 • (334) 265-9225

(11) SEE ME PRO

DISCUSSED WITH PATENT THIS IS FOR LIFE, AND HE MUST USE 145 SOCKERS.

alefte

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#### **DEPARTMENT OF CORRECTIONS**

### RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

1,		Licks	Charles			<u>14620</u> (Doc#)	1/
aci	(I	Print Name) /ledge receipt	of the following medical equ	ipment or applia		(Doc#)	
(	)	Splint					
(	)	Eyeglasses					
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つ <u>=</u>	ho	ales	Heils		7-5-	06	
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	(Wit	ness)	/		(pate).		

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Hicks, Charles	246241	110261	81 m	PLYC



### **DEPARTMENT OF CORRECTIONS**

# RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

ı	Hicks	s Cherles		246241
ŧ,	(Print Name)		(D	oc#)
ack	nowledge receipt of the	he following medical equipment or ap	pliance:	
(	) Splint			
(	) Eyeglasses			
(	) Dentures			
(	) Prothesis	describe		
(	) Wheelchair			
	Cane			
(	) Crutches			
$\langle \chi \rangle$	) Other	describe Antiembolic s	stucking x 1	
. ,	`		3	
l ac	knowledge that the e	quipment/appliance is functional for r	ny use.	
I als	so acknowledge the e	equipment/appliance is in good working	ng condition.	
a	1		1 /2.	
<u>('</u>	houles It	up	1/3/06	
(	Inmate)		(Date) <sup>'</sup>	
(	Witness)		(Date)	

## **Prison Health Services**

### REFUSAL OF TREATMENT FORM

Institution: FLLC	
Resident's Name: Charles / Licks	ID#
D.O.B. 11-2-61	ave, this day, knowing that I have a condition
requiring medical care as indicated below:	<i>/</i>
A. Refused medication.	E. Refused X-Ray services.
B. Refused dental care.	F. Refused other diagnostic test
C. Refused an outside medical appoin	tment G. Refused physical examination
D. Refused laboratory services	H. Other (Please specify)
<u> </u>	
Potential Consequences Explained	
and the risks involved in refusing them. I hereby re authority, all correctional personnel, medical/health per may result from this refusal and I shall personally assu	f and understand the above treatment recommendations elease and agree to hold harmless the state, statutory ersonnel from all responsibility and any ill effects which time responsibility for my welfare.  Ify that I understand its contents.
Witness Signature	Patient Signature
11-8-06 Date	Time Time

NOTE: A refusal by the resident to sign requires the signatures of at least one witness in addition to that of the medical staff member.

PHS MD-70108

0(th9/2008 Page 161 or Add 7 01

# **Prosthetics South**

3654 C Airport Blvd Mobile, AL 36608 Phone: 251-343-9848 Fax: 251-343-3267

	Facsimile Transmittal
To: Darrell	From: Lisa Miller, CP
Fax: 334-567-716	7 Date: 11/21/06
Attn:	Pages(includes cover) 2
Phone# 334 -567 - 1	548 Ext. 733
	s cost estimate

Confidentiality notice: The information contained in this fax is confidential, and intended only for the individual named above. Dissemination, distribution or copying of this information by unintentional recipients is strictly prohibited. If you receive this copy in error, please call (251) 343-9848 as soon as possible.

Page 162 **pl**d=77 02

# PROSTHETICS SOUTH

3645C Airport Boulevard Mobile, Alabama 36608 (251) 343-9848 • Fax (251) 343-3267

### Cost Estimate

Patient: Hicks, Charles

Staton C.F.

Diábetes, Pes Planus, Diabetic neuropathy

2 A5500 Supply of extra depth shoe for multi-density inserts \$58.17 each \$116.34

2 A5513 Custom diabetic, multi density insert

\$35.42 each

\$70.84

Total

\$187.18

Auth# 16736502



#### **DEPARTMENT OF CORRECTIONS**

RECEIPT OF MEDICAL EQUIPM	ENT/APPLIANCE FORM
1, Charles Hicks	24624) (Doc#)
acknowledge receipt of the following medical equipment or app	pliance:
( ) Splint ( ) Eyeglasses ( ) Dentures ( ) Prothesis describe ( ) Wheelchair ( ) Cane ( ) Crutches ( ) Other describe	tra Depth, Shoes m Molded Foot Orthotic yuse.
Charles Hicks (Inmate)  Quantum Management (Witness)	12/13/06 (Date) (Date)
ATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.

5, Charles

-	Tr C
-	J.UZ
ŀ	ton
	in
	3
	Motion
1	5

Diagnosis . Extremity

□ Left □ Right □ Pair

This product is a medical necessity and requires a diagnosis for insurance reimbursement. CHARLUS DSUKA CENG

Physician's Praintion for Medical Compassion Garments

Acting/fraigued legs, mild verous insufficiency, prophylaxis during pregnancy, moderate vericosities benefitary tendency toward various verious insufficiency, prophylaxis during pregnancy, moderate vericosities benefitary tendency toward various verious insufficiency, severe vericosities, post scientificiary, mild eleman or lymphedema. burn semanagement of open verious uncers, DVT prevention, verious uncers, orthostatic hypotension, moderate verious insufficiency, severe vericosities, post surgical immoterate and post traumatic elema, phletectumy, post scientification, prevention of verious uncers, in conjunction with the management of open verious uncers.  Chronic verious insufficiency, severe vericosities, post surgical moderate and post traumatic elema, phletectumy, post scientification, prevention of verious uncers.  Chronic verious insufficiency, severe lymphedema, severe chronic verious insufficiency, in conjunction with the management of open verious uncers.  Severe tendencies toward eleman; severe lymphedema, elegiplaminasis.  Untreased open verious uncers, intermittent classification, acutes derimatitis, weeping derivators, arrarial disease, uncontrolled congestive heart failure, acute derimatitis, weeping derivators, arrarial disease, uncontrolled congestive heart failure, acute derimatitis, weeping derivators, arrarial disease, uncontrolled congestive heart failure, acute derimatitis, weeping derivators, arrarial disease, uncontrolled congestive heart failure, acute derimatitis, weeping derivators, arrarial disease, uncontrolled congestive heart failure, acute derimatitis, weeping derivators, arrarial disease, uncontrolled congestive heart failure, acute derimatitis, weeping derivators, arrarial disease, uncontrolled congestive heart failure, acute derivation of configuration and soft of domining and doffing medical compression garments. Not required by prescript thereby prevering the property of the prevering the property of the prevering the property of the prevering the property of the prevering t	© Juzo and Slippies are registered trademarks of Julius Znm, Inc.	For additional Juzo Rx pads	Physician's Phone Number	Physician's Signature - DISPENSE AS WRITTEN	1-12-15-15-15-15-15-15-15-15-15-15-15-15-15-	Style:  Streeting, digitals	Slippies® An application aid for do	Silver Anti-microbial protection ag skin sensitivities; anti-odor	Options:	Contraindications: Unitreated open venous arrayal disease uncontraindications.	Severe post thrombotics	40-50 mmHg Severe tendencies toward externa; severe tyr	Chronic verious insuffici phlebactumy; post soler moderate lymphedena: ulcers; burn scar manage	20-30 mmHg Acting/fetiqued legs; in hereditary tendency too management imperitop management of open ve	Support Aching/fatigued legs, in 15-20 mmHg scierotherapy	
		Montgomery, AL 36106 334.260.3767	119 Market Pl.	Precision Medical Solutions	To find a dealer near you log on to www.juzousa.com or visit:	pantyhose maternity pantyhose	An application aid for doming and doffing medical compression garments. Not required by prescription	against infection, hypoallergenic and surface-cooling for rashes and by		icers; intermittent claudication; acute thrombophlebitis; phlebathrombosis, olled congestive heart failure; acute dermatitis; weeping dermatosis	onditons; severe lymphedema, elephantiasis	Severe tendencies toward edema; severe lymphedema; severe chronic venous insufficiency, in conjunctor with the management of open verious picers	Chronic venous insufficiency, severe varicosities, post surgical, moderate and post traumatic oderna, post phebectumy, post scientificrapy, pronounced varicosities during pregnancy, outhostatic hypotension, moderate lymphedena, prevention of various ulcers, in conjunction with the management of open venous ulcers, burn scar management, DVI/post thrombotic syndrome	Aching/fatigued legs, mild verious insufficiency, prophylaxis during pregnancy, moderate vericosities, hereditary tendency toward variouse veins, post scalerotherapy, mild edema or (imphedema, burn scar management hypertrophic scar treatment, prevention of verious ulcers, in conjunction with the management of open venous ulcers, DVT prevention, superficial thrombophiebrits	Aching/fatigued legs, mild ankle and foot adema; mild varicosities; prophylaxis during pregnancy; post sclerotherapy	



#### **DEPARTMENT OF CORRECTIONS**

### RECEIPT OF MEDICAL EQUIPMENT/APPLIANCE FORM

I,		harles Print Name)	Hicks	2 4624 [ (Doc#)
acl	KNOW	vledge receipt of the	following medical equipment or appliance:	
(	)	Splint		
(	)	Eyeglasses		
(	)	Dentures	1-1 1-00	
(	)	Prothesis	describe Ed 108	
(	)	Wheelchair		
(	)	Cane		
(	)	Crutches		
(	)	Other	describe	
			uipment/appliance is functional for my use. uipment/appliance is in good working condition.	
5	` J.	Lharle Davier, U	13/2 (Date)  (Date)	40/06

DOB INMATE NAME (LAST, FIRST, MIDDLE) DOC# (White - Medical File, Yellow - Security Property Officer) PHS-MD-70005

# KILBY CORRECTIONAL FACILITY CANTEEN SALES RECEIPT

HICKS	, CHAR	LES		246241	B/M 6/02/2006 3:35PM		3:35PM	TRANS NR	98845
LI	ITEM NBR	ISSUE QTY	DESCR	IPTION		UI	UNIT COST	EXTENDED COST	
1	934	1	HONEY	BUN		ΕA	\$.67	\$.67	
		ste ste s	** LAST	ITEM *	***		<b>20</b> 0.20		
						TOTAL P	URCHASES	\$.67	

OLD PMOD BALANCE .70 TOTAL PURCHASE .67 NEW PMOD BALANCE
TOTAL APPLIED TO WEEKLY LIMIT .00 POSTED BY: INMATE WORKERS

I CERTIFY THAT I RECEIVED ALL ITEMS AND QUANTITIES LISTED ABOVE.

SIGNATURE OCEPS

DATE

BED NBR: M 074B

.03



Date: 1-12-06
ro: Frank Lee
From: HCU
nmate Name: Hicks, Charles ID#: 246241
The following action is recommended for medical reasons:
. House in
Medical Isolation
. Work restrictions
. May have extra until
) other Start 2000 cal ADA diet X 365 days
Comments:
Date: 7-12 B MD Signature: Dr. Plasant Staylou Prime: 10!110AM



Date:10-2-06
Date: 10-2-06  To:
From: SHCU
Inmate Name: Hicks, Charles ID#: 246241
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extra until
5. Other
Comments:
2000 CAL ADAdiet x 180 days
May Purchase diabetic shoes Off store
Date: 10/2/070 MD Signature: Mahood, CRNP J. Packer, Time: 10. 42 pm



	: 10/24/06	
To:	Flyc	
	n: HCU	
Inma	ate Name: HICKS, Charles	
The f	following action is recommended for medical reasons:	
1.	House in	
2.	Medical Isolation	
3.	Work restrictions	
4.	May have extra	until
5.	Other	
	ments: bod Sugar Checks X Zweeks	to expire 11/4/06
Date:	10120106 MD Signature: WO No Poul 10 Inc Res	1915 <u>Time: 1915</u>



Date	: 10-27-06
To:	DOC
Fron	1: Staton HCU
Inma	ate Name: Hicks, Charles ID#: 246241
The fo	ollowing action is recommended for medical reasons:
1.	House in
2.	Medical Isolation
3.	Work restrictions
4.	May have extra until
5.	Other
Com	ments:
	5 lide Profile -> marked
	peripheral edema X 60 days
Date:	10-28-06 MD Signature: Ablud Dr. Corbier Time: 9-pm



Date: 11/3/06		
To: FLYC		
From: Staton Hun Inmate Name: Hicks Chooles ID#:	246241	
The following action is recommended for medical reasons:		
1. House in		
2. Medical Isolation		
3. Work restrictions		
4. May have extrauntil		
5. Other		
Comments:	Stret 11/3/06	
Bottom Pour Reprofiler X 180 Days Stop 5/3/07		
No Prolonged Stording \ Front of Line \ XXodous	Strot 11/3/04	
Front of Line XKOdous		
Walking caple Anti Em 60 lism Stockings  X Rockeys	Stop 11/3/06	
Date: 11/3/06 MD Signature: Williams	Time:	



Date: 1/29/00	
To: FLYC	
From: SHCU	
Inmate Name: Hicks, Charles	ID#: <u>244 241</u>
The following action is recommended for medical reasons:	
House in	
2. Medical Isolation	
3. Work restrictions	
May have extra	entil
5. Other	
Comments: ryches x 90 (lay) > Chronic (	leg pain
Date: 1/29/10 MD Signature: Dr. Corbier 3. Va	MeyoN Time: 9: 23,500

Request for Special Needs

	Name Charles Hicks AIS#246241 Camp FLYC
	Privileges requested:
	No Prolong Standing Special Shoes Bottom Bunk Cane Egg Crate Mattress Other (list) Light Work Frafile.
	Name the physical condition which requires the special arrangement:  Swelling in my left heg.
	Approximate date when first experienced this condition:  July of 2006.
	MD'S treating this condition prior to incarceration and location of the office and approximate dates of service:
	montgomeny al.
-	Test done prior to incarceration for this condition with results:
	Im I Montgomery.
	Describe exactly what restriction is required by your condition:
/14 Gr	Signature Charles Hicks Date submitted to medical 4/13/07
/n 7	į m
~	4/18/07 Camp
	Ax



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# SPECIAL NEEDS COMMUNICATION FORM

Date: 6/20/07		
To: Staton		
From: SHCU Inmate Name: Hick Charles	D#: 246241	
The following action is recommended for medical reasons:		
1. House in		
2. Medical Isolation		
3. Work restrictions		
4. May have extra	intil	
5. Other		
Comments: Dan en medical hold.		
Has free World a	PST.	
June 27, 28		
Date: MD Signature:	Time:	

YButta

60418



Date: 4 3 5
To: Staton
From: SHU
Inmate Name: HUKS MILES ID#: 246241
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extrauntil
5. Other
Comments: Bottom Bunk Profile X 180 date
No prolong Standing
Date: (28/1) MD Signature: Colbie / Glay Fime:



Date:	8/3/07	
To:	DOC	
	1: HCU	
Inma	ite Name: Hicks Charles ID#: 24624]	
The following action is recommended for medical reasons:		
1.	House in	
2.	Medical Isolation	
3.	Work restrictions	
4.	May have extrauntil	
5.	Other	
Comments: KOP Thighhigh tedhose  On gam & Off gpm		
	XIOON	
Date:	8/3/PMD Signature NO Baker NP Time: 3 pm  1000 Time: 3 pm  60418	



Date: 8-7-7
To: DOC
From: HCU
Inmate Name: Hicks, Charles ID#: 246241 The following action is recommended.
The following action is recommended for medical reasons:
1. House in
2. Medical Isolation
3. Work restrictions
4. May have extra
5. Otheruntil
Comments:
BPVS twice wk x /month
Dave: 7-7 MD Signature: MD Time: 120

# **EXHIBIT C**

### IN THE DISTRICT COURT OF THE UNITED STATES FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

CHARLES HICKS, (AIS #246241),

Plaintiff,

V.

2:07-CV-668-WHA

PRISON HEALTH SERVICES, et al.

Defendants.

### AFFIDAVIT OF DARRYL ELLIS, DIRECTOR OF NURSING

BEFORE ME, Annie Latimore, a notary public in and for said County and State, personally appeared DARRYL ELLIS, DIRECTOR OF NURSING, and being duly sworn, deposed and says on oath that the averments contained in the foregoing are true to the best of her ability, information, knowledge and belief, as follows:

"My name is Darryl Ellis. I am over the age of twenty-one and am personally familiar with all of the facts set forth in this Affidavit. I have been a licensed, registered nurse in Alabama since 1995. I hold an Associates Degree in nursing from Troy State University. Since 1995, I have practiced as a registered nurse in a variety of positions and settings. In particular, I have worked at Staton Correctional Facility in Elmore, Alabama as a LPN since 1985 and as a registered nurse since 1995. Since October 2005, I have been employed as the Director of Nursing for Staton Correctional Facility by Prison Health Services, Inc., the company which currently contracts with the Alabama Department of Corrections to provide medical services to inmates.

Prison Health Services, Inc. (PHS) has established a simple two-step procedure for identifying and addressing inmate grievances at Staton Correctional Facility. If an inmate has a grievance regarding a healthcare issue he must submit to the healthcare unit a grievance form. These are standard forms that may be acquired in the healthcare unit or from an inmate's supervising officer in his dormitory. The grievance form allows an inmate to communicate any healthcare related concern by placing the form in the in house mail system or sick call box to be forwarded to the healthcare unit. I have also been directly handed a grievance form from an inmate. I subsequently review the concern and respond via in house mail.

If the inmate is unsatisfied with my response, he may request a grievance appeal form from the healthcare unit. This form allows an inmate to again voice his concerns relating to the healthcare issue addressed with the grievance form. After the inmate has submitted the formal grievance, I will either respond again in writing, or, if warranted, I will meet with the inmate face-to-face in a final attempt to address his concerns verbally.

It is my understanding that Charles Hicks has filed suit in this matter alleging that PHS failed to provide him with appropriate medical care. However, Mr. Hicks has failed to exhaust Staton's grievance procedure relating to receipt of medical care for this alleged allegation. Specifically, as relevant to his Complaint, Mr. Hicks has failed to submit any grievance form relating to the allegations made the basis of his lawsuit. As such, the healthcare unit at Staton Correctional Facility has not been afforded the opportunity to resolve Mr. Hick's complaints prior to filing suit.

Further affiant sayeth not.

Daniel Ellis, RV, DON
DARRAL ELLIS DIRECTOR OF NURSING

STATE OF ALABAMA  COUNTY OF Elmore	
COUNTY OF KITHUS (	
Sworn to and subscribed better September 2007.	fore me on this the day of
	annie Satimire
	Notary Public
My Commission Expires:	

# **EXHIBIT D**

### IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

CHARLES HICKS (# 246241)

Plaintiff,

v.

2:07-CV-668-WHA

PRISON HEALTH SERVICES, et al.

Defendants.

### AFFIDAVIT OF PAUL CORBIER, M.D.

Lat more a notary public in and for said County and State, personally appeared PAUL CORBIER, M.D. and being duly sworn, deposed and says on oath that the averments contained in the foregoing are true to the best of her ability, information, knowledge and belief, as follows:

My name is Paul Corbier. I am over the age of twenty-one and am personally familiar with all of the facts set forth in this Affidavit. I have been licensed as a physician in Alabama since 2005, and have been board certified in internal medicine since 1998. I have served as the Medical Director for Staton Correctional Facility in Elmore, Alabama since July 2006, I also provide treatment to inmates at Frank Lee Youth Center in Deatsville, Alabama that are brought to Staton Correctional Facility. Since July 2006 my employment at Staton Correctional Facility has been with Prison Health Services, Inc. ("PHS"), the company which currently contracts with the Alabama Department of Corrections to provide medical services to inmates.

Charles Hicks (#246241) is an inmate who is currently incarcerated at Alexander City Community Base. He was incarcerated at Frank Lee Youth Center and treated at Staton

STATON

Correctional Facility at all times relevant to this matter. I have reviewed Mr. Hicks' Complaint in this action as well as his medical records (certified copies of which are being produced to the Court along with this Affidavit).

It is my understanding that Mr. Hicks has made a Complaint in this matter that I failed to provide him with appropriate medical treatment on July 12, 2007. Mr. Hick's allegations are untrue as he was not seen by me on July 12, 2007.

However, I have reviewed Mr. Hicks' medical records and the following is a summary of his most recent care and treatment. Mr. Hicks has a medical history of Diabetes and swelling in his left leg with venous insufficiency. His Diabetes is a hereditary condition. He has circulatory problems which are complicated by problems with his feet. His condition can be treated by controlling his Diabetes and swelling in his left leg, but there is no cure. Mr. Hicks has been treated at Staton Correctional Facility for these problems with medication, blood tests, diagnostic studies and TED hose.

Mr. Hicks was seen and evaluated by Dr. Brian White (surgeon) on December 19, 2006 for complaints of left leg swelling and pain. It is noted that he had no pain in his right leg. It is also noted that he did not have Deep Vein Thrombosis (DVT) or Claudication (limping). Deep Vein Thrombesis is the formation of a blood clot in a deep vein. His impression was venous and arterial insufficiency and he recommended that a lower extremity Venous Doppler be performed.

An ultrasound of the bilateral lower extremity venous system was performed on January 2, 2007 and it revealed that there was no evidence of deep venous thrombosis in either lower extremity venous systems.

Mr. Hicks was seen again by Dr. White on January 23, 2007 for continued problems with his left leg. It is noted that he has had problems with his left leg since 1988 and it is further STATON

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noted that his mother had the same problem. The results of his ultrasound were discussed and it was negative for a Deep Vein Thrombosis. His exam revealed that he still had swelling in his left leg. It was the Dr. White's impression at that time that due to his family history, they must consider Lymphedema with associated venous insufficiency. Lymphedema is swelling as a result of an obstruction of lymphatic vessels or lymph nodes and the accumulation of large amounts of lymph in the affected region. At this time, Dr. White recommended support hose and compression therapy. Dr. White advised Mr. Hicks that this condition was for life.

I saw Mr. Hicks on June 1, 2007 for left leg pain and chronic swelling. On exam he had marked edema in his left leg. My assessment at that time was 1) Chronic Venous Insufficiency; 2) Type II Diabetes; 3) Hyperlipidemia; 4) Renal Insufficiency; and 5) Obesity. I placed Mr. Hicks on a low fat/low cholesterol/low carb diet. We would monitor his renal functioning and consider an arterial doppler.

Mr. Hicks had a Bilateral Venous Doppler Ultrasound performed on June 7, 2007. At that time, findings revealed that there was no flow detected in the left lower extremity arterial tree. There was a suspected occlusion in the right populateal artery and arterial tree of the right calf. He also had patent right common femoral and superficial femoral artery.

I saw Mr. Hicks again on June 19<sup>th</sup> and we discussed the results of his ultrasound. I advised him that the impression was that he had a total occlusion (no flow) in his left lower extremity. There was also a suspected occlusion in his right popliteal artery and in the arterial tree of his right calf. My assessment at this time was that he had severe Bilateral Peripheral Vascular Disease. Peripheral Vascular Disease refers to diseases of the blood vessels (arteries and veims) located outside the heart and brain. At this time, we would consider and Angiogram

versus sending Mr. Hicks to a vascular surgeon. The appropriate tests were ordered at this time (see below) and I counseled Mr. Hicks and answered all his questions regarding his condition.

On June 28, 2007 a Persantine Stress Test was performed and it was negative for pharmacological-induced ischemia. A Dual Isotope Nuclear Scan performed on the same date noted a fixed defect involving the basal and mid-inferior wall particularly, which would suggest a scar from a previous myocardial infarction. The very basal segments also show slight thinning suggesting this may be a true finding. They did not identify any reversible defects to suggest ischemia. There was normal wall motion of all segments except the basal inferior wall which showed thinning. There was also an ejection fraction of 64%. There was no evidence of Coronary Artery Disease for which treatment or intervention would be needed.

A CT Angiogram of the abdomen and pelvis was also performed on June 28, 2007. This revealed patent arterial circulation to the lower extremities bilaterally from the aorta to the trifurcation arteries with at least two-vessel runoff to the ankles bilaterally (posterior tibial and peroneal arteries). There was no evidence of significant Peripheral Vascular Disease. Also, there was no evidence blockage or poor circulation needing intervention beyond his current treatment.

Mr. Hicks returned on July 3<sup>rd</sup> and was advised at that time that the above mentioned tests performed on June 28<sup>th</sup> were all normal. He may still need a cardiac work-up because of his cardiovascular risks. However, I did inform him that a more extensive work-up may not be needed in light of the CT Angiogram. I did remind him that he does have venous insufficiency and I emphasized a lifestyle modification.

He was seen for a follow-up visit on July 24th by our nurse practitioner. At that time he was still insisting on further work-up for his persistent bilateral lower extremity edema. The

STATON

assessment at that time was I) Severe Bilateral Peripheral Vascular Disease; 2) Chronic Venous Insufficiency; 3) Type II Diabetes; 4) Dyslipidemia (disruption in the amount of lipids in the blood); and 5] Hypertension. His medications were changed at this time and he was to continue to follow-up.

He was seen by the nurse practitioner on August 3<sup>rd</sup> for swelling in his lower extremities. He has a history of Peripheral Vascular Disease, Chronic Venous Insufficiency, Diabetes, Dyslipidemia and Hypertension. His exam at that time revealed general edema to his lower extremities. He was to continue his current medical treatment. He was prescribed and advised to wear a thigh high TED stocking and was also prescribed Lasix.

The nurse practitioner saw him again on August 7th for follow-up. He still had swelling to his bilateral lower extremity. He was reassured this problem was due to Chronic Venous insufficiency. It is noted that his blood pressure was elevated and his dyslipidemia was improved. He was advised to continue his current medicine and educated on medical compliance. He was to continue with the TED hose.

Mr. Hicks was seen again on August 4th. The assessment at that time was Peripheral Vascular Disease - severe; chronic renal insufficiency; and Hypertension. He was advised to wear his TED stockings at all times. He was also educated on Deep Vein Thrombosis and the need for stocking and elevating his legs.

I would like to emphasize that Mr. Hicks' medical condition is a chronic condition. However, Peripheral Vascular Disease can be treated with lifestyle modifications and/or changes which include controlling blood pressure; controlling diabetes; exercise; eating a low-saturatedfat, low cholesterol diet; and medication. His leg swelling and pain is mostly due to venous

STATON

insufficiencies for which he is receiving supportive care (Ted Hose and elevation of legs), but there is no cure.

Based on my review of Hicks' medical records, and on my personal knowledge of the treatment provided to him, it is my opinion that all of his medical conditions and complaints have been evaluated in a timely fashion at Staton Correctional Facility, and that his diagnosed conditions have been treated in a timely and appropriate fashion. At all times, he has received appropriate medical treatment for his health conditions from me and the other PHS personnel at Staton Correctional Facility. At no time has he been denied any needed medical treatment. In other words, it is my opinion that the appropriate standard of care has been adhered to at all times in providing medical care, evaluation, and treatment to this inmate.

At no time have I or any of the medical or nursing staff at Staton Correctional Facility denied Hicks any needed medical treatment, nor have we ever acted with deliberate indifference to any serious medical need of Hicks. At all times, Hicks' known medical complaints and conditions have been addressed as promptly as possible under the circumstances.

Further affiant sayith not.

STATE OF ALABAMA

COUNTY OF Elmore

Sworn to and subscribed before me on this the

omraission Expires:

Notary Public